

California Department of Health Services



Medi-Cal Managed Care Health Plans

Results of the 2000 CAHPS[®] 2.0H Member Satisfaction Survey

For San Diego Geographic Managed Care Members
Continuously Enrolled July to December 1999

December 2001

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State of California

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EXECUTIVE SUMMARY

As part of its ongoing oversight responsibility for the Medi-Cal Managed Care Plans, the California Department of Health Services (DHS) contracted with Health Services Advisory Group, Inc. (HSAG), an External Quality Review Organization (EQRO), to conduct the Consumer Assessment of Health Plans (CAHPS®) 2.0H survey for adults and children in 1999 and 2000. HSAG, in turn, subcontracted with the Center for the Study of Services (CSS) to perform survey mailings and telephone interviews. Both HSAG and CSS are National Committee for Quality Assurance (NCQA)-certified survey vendors.

The CAHPS® survey was developed by the National Committee for Quality Assurance (NCQA) as a standardized survey instrument to effectively and efficiently assess member satisfaction and their experiences with managed care and to compare the results of the health plans. While the primary purpose of the CAHPS® 2.0H survey is to facilitate comparisons, the results are also valuable for identifying potential areas where consumer satisfaction may be improved and to target intervention strategies, where needed, within health plans. The Medicaid questionnaire set developed by CAHPS® 2.0H includes separate versions for adult and child populations in English and Spanish. The survey assesses consumer experience in such areas as quality of care provided, access to care, communication skills of providers and administrative staff, and overall satisfaction with health plans. From these questions, global ratings in four areas (Health Care, Health Plan, Personal Doctor, and Specialist) and composite scores in five others (*Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Courteous and Helpful Office Staff, and Customer Service*) summarize health plan performance.

The 2000 Medi-Cal CAHPS® 2.0H survey included only the seven Geographic Managed Care (GMC) health plans located in the San Diego, California area and represented over 125,000 Medi-Cal managed care beneficiaries. These seven health plans were not included in the statewide 1999 Medi-Cal CAHPS® 2.0H survey since they had not been in operation for a full 12 months. All of the surveys were fielded in February through May 2000 for Medi-Cal San Diego GMC beneficiaries who met the enrollment and age criteria during 1999.

A random sample of 1,500 to 1,650 enrollees for the adult survey and 1,050 to 1,155 enrollees for the child survey were selected from each health plan. Following NCQA requirements, no more than one adult or one child per household was selected, for a total of 18,361 mailed surveys across the seven health plans. Of the total number of surveys attempted, approximately one-third were considered completed and, thus, eligible for use in the study. A survey was considered complete if at least 80 percent of the questions were answered, including two critical questions. The critical questions were questions 1 and 21 for the adult survey, and questions 1 and 22 for the child survey (see Appendices A and B for the actual survey questions). The majority of completed surveys were conducted by mail, with the telephone portion of the survey protocol increasing the health plan completion rate anywhere from less than one percentage point to nine percentage points.

The adult response rate of 32.3 percent and the child response rate of 31.1 percent are both below the overall NCQA target response rate of 45 percent for Medicaid health plans. (Note:



For 1999, the target response rate was 50 percent but was changed to 45 percent by NCQA for 2000.) The Medi-Cal population is a challenging population in which to administer a survey due to the transient nature of the population and high rate of incorrect addresses and telephone numbers. In addition, there is a high proportion of members who speak languages other than English and Spanish, making the use of only English and Spanish for the survey a potential barrier to completing the survey for some of the Medi-Cal population. Nevertheless, important information can be obtained from the results of the survey that may aid health plans in identifying potential areas for improvement of consumer satisfaction.

In general, the findings presented in the table below indicate that members enrolled in the seven San Diego GMC Health Plans are satisfied with the services they are receiving. Communication between members and their physicians and specialists is good. The lowest global composite score was indicated in the area of ***Getting Care Quickly***. Improvement interventions for most of the health plans should target access to care to increase satisfaction in these areas.

Overall Percentage of Positive Responses for the 2000 CAHPS® 2.0H Survey

Member Satisfaction Indicators	Percent of Positive Responses	
	Adult	Child
Global Ratings		
Rating of Personal Doctor or Nurse	84%	87%
Rating of Specialist	79%	82%
Rating of All Health Care	76%	85%
Rating of Health Plan	74%	81%
Global Composites		
Getting Needed Care	78%	87%
Getting Care Quickly	62%	73%
How Well Doctors Communicate	78%	84%
Courteous and Helpful Office Staff	83%	86%
Customer Service	75%	80%

Note: Global Ratings are based on a scale of 0 to 10, with positive responses considered to be 7, 8, 9 or 10. Global Composites are based on questions with scales of "Never to Always," with positive responses considered to be "Usually" or "Always." All percentages have been rounded.

It should be noted, following NCQA methodology, health plans with less than 100 respondents for a Global Rating or Composite Score are not presented. However, the aggregate Global Ratings and Composite Scores for the seven San Diego GMC health plans have more than 100 respondents. Therefore, aggregate results are presented in this report, but individual health plan results are not included for ***Getting Needed Care***, ***Getting Care Quickly***, and ***Customer Service***. Additionally, the child survey results do not include ***Rating of Specialist*** by health plan.

Aggregate global and composite score results from the 2000 CAHPS® 2.0H survey were similar to those from the 1999 CAHPS® 2.0H survey. In fact, none of the scores varied by more than five percentage points. To provide ongoing assessment of improvement of services provided by all Medi-Cal managed care health plans, the California DHS continued the CAHPS® 2.0H survey in 2001.



OVERVIEW

Background

Today's competitive healthcare environment has generated an unprecedented demand for information regarding consumers' experiences with health plans. This demand is particularly high among those who are either responsible for or interested in the healthcare provided through publicly funded healthcare programs such as Medi-Cal. The Department of Health Services, as part of its oversight responsibility for the Medi-Cal managed care program contracted with its External Quality Review Organization (EQRO), Health Services Advisory Group (HSAG) to conduct a consumer satisfaction survey. In 1999, this survey was conducted for the Sacramento Geographic Managed Care (GMC) health plans, the Two-plan model health plans, and the County Operated Health Systems. In 2000, the survey was conducted for the San Diego GMC health plans. The San Diego GMC health plans had not been operational for a full 12-month period at the time of the survey in 1999 and so did not meet the criteria for participation in the survey at that time.

The standardized survey instrument chosen for the survey was the Consumer Assessment of Health Plans (CAHPS®) 2.0H survey for both adults and children. The overarching goal of the CAHPS® 2.0H is to effectively and efficiently assess member satisfaction and their experiences with managed care and to compare the results of the health plans. The survey assesses topics such as quality of care provided, access to care, communication skills of providers and their administrative staff, and the members' overall satisfaction with the health plan.

Originally, CAHPS® was a five-year collaborative project sponsored by the U.S. Agency for Healthcare Research and Quality (AHRQ), formerly known as the Agency for Health Care Policy and Research (AHCPR), to help consumers identify the best health plans and services for their needs. The CAHPS® questionnaires and consumer reports were developed under cooperative agreements between the AHRQ, Harvard University, RAND, Research Triangle Institute (RTI) and Westat. In 1997, the National Committee on Quality Assurance (NCQA), in conjunction with AHRQ, created the CAHPS® 2.0H measure for use by employers, state agencies, consumers and others to compare the performance of health plans.

The Medicaid questionnaire set developed as CAHPS® 2.0H includes separate versions for adult and child populations in English and Spanish. The English versions of the adult and child CAHPS® 2.0H questionnaires are presented in Appendices A and B respectively. From these questions, four global ratings reflect overall satisfaction and five composite scores summarize performance in key areas.



Purpose

The purpose of the 2000 CAHPS[®] 2.0H survey is to measure the satisfaction of Medi-Cal members enrolled in the San Diego GMC health plans. This report provides the aggregate results of the San Diego GMC health plans. In addition, it provides comparisons to the Medicaid 1999 CAHPS[®] 2.0H survey results.

In addition to measuring baseline survey performance of the Medi-Cal San Diego GMC health plans, these results provide DHS and its health plans with comprehensive survey results to enhance the communication of this important information to consumers. While the primary purpose of the CAHPS[®] 2.0H survey is to facilitate comparisons, the results are also valuable for identifying potential areas where consumer satisfaction needs improvement and to target intervention strategies within health plans to those areas.

Health Plan Performance

Global Ratings
♦ Health Care
♦ Health Plan
♦ Personal Doctor
♦ Specialist

Composite Scores
♦ Getting Needed Care
♦ Getting Care Quickly
♦ How Well Doctors Communicate
♦ Courteous and Helpful Office Staff
♦ Customer Service

Methodology

All of the surveys were fielded in February through May 2000 for Medi-Cal San Diego GMC beneficiaries who met the enrollment and age criteria during 1999.

The Health Plan Employer Data & Information Set (HEDIS[®]) sampling and data collection procedures for the CAHPS[®] 2.0H survey are designed to capture accurate and complete

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information about consumer-reported experiences with health care. The sampling and data collection procedures outlined below promote both the standardized administration of survey instruments and the comparability of the resulting health plan data. The survey was completed with strict adherence to NCQA specifications.

CAHPS® 2.0H is intended to fulfill the member satisfaction component of the HEDIS 2000 measurement set. To be able to claim it as reporting HEDIS results for the year 2000, a health plan must: 1) Use the NCQA-approved questionnaire and survey protocol; and 2) Have an independent, outside survey organization, which is certified by NCQA conduct the survey.

Sampling Procedures – Adult Survey

Sample Frame

Those eligible for sampling for the adult survey included Medi-Cal beneficiaries who were health plan members at the time the sample was drawn by the survey vendor and who were 18 years of age and older (as of December 31, 1999), and were continuously enrolled in the health plan for at least five of the last six months (July-December) of 1999.

Sample Size

A random sample of 1,500 to 1,650 enrollees was selected per health plan. NCQA requires that no more than one adult per household be surveyed. A total of 10,800 adult surveys were mailed.

Sampling Procedures – Child Survey

Sample Frame

Those eligible for sampling for the child survey included Medi-Cal beneficiaries who were health plan members at the time the sample was drawn by the survey vendor and who were 12 years of age or younger as of December 31, 1999 and were continuously enrolled in the health plan for at least five of the last six months (July-December) of 1999. The survey instructs that the parent or guardian of the child health plan member complete and return the survey.

Sample Size

A random sample of 1,050 to 1,155 children who were 12 years of age or younger as of December 31, 1999, was selected per health plan. NCQA requires that households not be surveyed for both the adult and child CAHPS®, or for more than one of each; therefore, the child sample survey included only one child per household and did not include any households where an adult CAHPS® survey was sent. A total of 7,561 child surveys were mailed.



Survey Protocol

The survey administration protocol is designed with the hope that a high response rate will be achieved from Medi-Cal enrollees, thus minimizing potential effects of non-response bias. The survey process allows for two ways in which the member may complete the survey. The first “phase” consists of a mailed survey that is to be completed and mailed back by the member. The second “phase” is a Computer-Assisted Telephone Interview (CATI) survey of members who have not mailed in their survey or who have mailed in an incomplete survey. An incomplete survey was defined as one that had the two critical questions unanswered and/or had less than 80 percent of the questions answered.

HEDIS specifications required each health plan to provide HSAG/CSS with a list of all eligible members for the sampling frame. Following HEDIS requirements, HSAG requested that each health plan pull from its member files a complete list of all members who met all of the following criteria:

- 1) were 18 years of age or older for the adults or 0 to 12 years of age for the children as of December 31, 1999;
- 2) were currently enrolled;
- 3) had been continuously enrolled throughout at least five of the latter six months of 1999; and;
- 4) had Medi-Cal as the primary payor.

Health plans were given the full HEDIS specifications for member survey eligibility and asked to provide the file of eligible members to HSAG/CSS on magnetic tape or disk.

HSAG/CSS inspected a sample of the file records supplied by each health plan to check for any apparent problems with the file, such as missing address elements or subscriber numbers, and gave health plans an opportunity to supply corrected files if problems were noted. CSS also performed an analysis of the records in the file supplied by each health plan and reported to the health plan the counts and percentages of members based on age category, gender and the first three digits of zip code, enabling the health plan to determine whether these counts and percentages were in accordance with the health plan’s known breakdown of its membership.

A random sample of records from the file supplied by each health plan was passed through the U.S. Postal Service’s National Change of Address (NCOA) process to get new addresses for members who had moved (if they had given the Postal Service a new address). From the resulting file, the final sample for the survey was drawn. Following NCQA requirements, the survey sample was a random sample with no more than one member being selected per household (duplicity of household was identified by member ID number or home address).

The HEDIS specifications for CAHPS® 2.0H required that the name of the health plan and the California State Seal appear in the questionnaire, letters and postcards; that the letters and cards bear the signature of a high ranking health plan or State official; and that the questionnaire



packages include a postage-paid reply envelope addressed to the organization conducting the survey. HSAG/CSS complied with these specifications.

In addition, HSAG/CSS took other steps to enhance the likelihood of survey responses. HSAG/CSS printed the California State Seal on each outer envelope, used metered postage rather than a pre-printed postal imprint, and designed the questionnaire in a user-friendly small-booklet format.

According to HEDIS specifications for the CAHPS® 2.0H survey, this survey was completed using the following timeframe:

Table 1. Survey Timeframe

Basic tasks for conducting the survey	Timeframes
♦ Send a pre-notification letter to the respondent 3 days before the first survey questionnaire mailing.	0 days
♦ Send first questionnaire with cover letter to the respondent 3 days after the pre-notification letter.	3 days
♦ Send a postcard reminder to non-respondents 4 to 10 days after mailing the first questionnaire.	7-13 days
♦ Send a second questionnaire (and letter) to non-respondents approximately 30 days after mailing the first questionnaire.	33 days
♦ Send a second postcard reminder to non-respondents 4 to 10 days after mailing the second questionnaire.	37-43 days
♦ Initiate computer-assisted telephone interviews (CATI) for non-respondents approximately 21 days after mailing the second questionnaire.	54 days
♦ Initiate systematic contact for all non-respondents such that at least 6 telephone calls are attempted at different times of the day, on different days of the week and in different weeks.	54-76 days
♦ Telephone follow-up sequence will be completed (completed interviews obtained or maximum calls reached for all non-respondents) approximately 22 days after initiation.	76 days



Survey Design

For all performance measures, including consumers' evaluations of their experiences with care provided by their health plan, the accurate and complete capture of the target information is critical. The properties of the CAHPS® survey instruments have been thoroughly investigated in large samples of the privately insured (n = 12,000) and of those with public insurance (n = 6,000).

The developers of the survey utilized extensive reviews of existing literature, focus groups with consumers, cognitive testing of survey content and question wordings, and field testing of precursor surveys. Literacy level for the CAHPS® 2.0H questionnaire is at the sixth grade level. The CAHPS® core questionnaire was also subject to extensive cognitive testing across all population groups to reach desired reading level.



HEALTH PLAN PROFILE

The Medi-Cal 2000 CAHPS® 2.0H survey was conducted on the seven Geographic Managed Care (GMC) health plans located in San Diego County and represented over 125,000 Medi-Cal managed care beneficiaries. These seven San Diego GMC health plans were not included in the statewide Medi-Cal 1999 CAHPS® 2.0H survey since they had not been in operation under Medi-Cal managed care for a full 12 months at the time the survey was conducted in 1999.

The other Medi-Cal health plan model types were not included in the 2000 survey. They were: the Sacramento GMC plans, the County Organized Health System (COHS), and the Two-plan model—which includes Local Initiatives (LI) and Commercial Plans (CP). The 1999 CAHPS® 2.0H survey included 24 plan-county specific reports, representing 20 health plans, 18 counties and over two million Medi-Cal managed care beneficiaries. A brief description of the GMC model and other Medi-Cal plan model types is essential for a correct understanding of the results, especially when comparisons to previous Medi-Cal CAHPS® 2.0H surveys are discussed.

Geographic Managed Care (GMC):

Under the Geographic Managed Care model, DHS contracts with several health plans in a county to cover the entire Temporary Assistance to Needy Families (TANF)-linked population in the county on a mandatory enrollment basis. The beneficiaries may choose from among multiple commercial managed care health plans for healthcare services. There are two GMC programs. The first one was implemented in Sacramento County in 1994 and includes the following six health plans:

Sacramento County GMC Health Plans (Not included in the 2000 CAHPS® 2.0H survey)

Start of Operation	Medi-Cal Health Plan	Counties Covered
04/94	Blue Cross of California – Sacramento	Sacramento
04/96	Heath Net – Sacramento	Sacramento
04/94	Kaiser Foundation Health Plan	Sacramento
04/94	Maxicare – Sacramento	Sacramento
04/94	OMNI Healthcare, Inc. – Sacramento	Sacramento
05/97	Western Health Advantage	Sacramento



The second GMC program was implemented in San Diego County in 1998 and includes the following seven health plans:

San Diego County GMC Health Plans
(Included in the 2000 CAHPS® 2.0H survey)

Start of Operation	Medi-Cal Health Plan
08/98	Blue Cross of California
08/98	Community Health Group
08/98	Health Net
08/98	Kaiser Foundation Health Plan, Inc.
08/98	Sharp Health Plan
08/98	University of California at San Diego (UCSD) Health Plan
08/98	Universal Care

County Organized Health System (COHS):

A COHS is an agency organized by the county with representation from providers, beneficiaries, local government and other interested parties. It contracts with the Medi-Cal program to cover virtually all the Medi-Cal beneficiaries within the county. Medi-Cal beneficiaries have a wide choice of managed care providers but do not have the option of obtaining services under the fee-for-service system unless authorized by the COHS.

When the 1999 CAHPS® 2.0H survey was conducted, there were five COHS operating in six counties: San Mateo, Santa Barbara, Orange, Santa Cruz, Solano and Napa (see table below). The COHS includes the following five health plans:

County Organized Health System (COHS)
(Not included in the 2000 CAHPS® 2.0H survey)

Start of Operation	Medi-Cal Health Plan	Counties Covered
10/95	CalOPTIMA	Orange
01/96	Central Coast Alliance for Health	Santa Cruz
12/87	Health Plan of San Mateo	San Mateo
05/94	Partnership Health Plan of California	Napa, Solano
09/83	Santa Barbara Health Initiative	Santa Barbara



Two-plan Model (Local Initiative & Commercial Plan):

This is the principal model used for the expansion of Medi-Cal managed care in California. In each county designated for this model, two health plans cover the entire TANF-linked population in the county on a mandatory enrollment basis. DHS contracts with one locally developed comprehensive managed care system called a Local Initiative (LI) and one Commercial Plan (CP). The LI is a Knox-Keene licensed health plan developed by the local stakeholders who had flexibility in designing a health plan to best meet the needs of the community the health plan serves.

The CP is also a Knox-Keene licensed health plan, selected through a competitive bidding process. The presence of the CP is to ensure that the beneficiaries are able to select a health plan that also provides care to privately insured individuals. The Two-plan model includes the following 13 health plans:

Two-plan Models (CP & LI)
(Not included in the 2000 CAHPS® 2.0H survey)

Start of Operation	Medi-Cal Health Plan	Model Type	Counties Covered
02/96	Blue Cross of California	CP	Alameda, Contra Costa, Fresno, Kern, San Francisco, Santa Clara
07/97	Heath Net	CP	Los Angeles, Fresno
03/99	Molina Medical Centers	CP	Riverside, San Bernardino
02/97	OMNI Healthcare, Inc.	CP	San Joaquin, Stanislaus
01/96	Alameda Alliance for Health	LI	Alameda
10/97	Blue Cross of California	LI	Stanislaus
02/97	Contra Costa Health Plan	LI	Contra Costa
02/96	Health Plan of San Joaquin	LI	San Joaquin
09/96	Inland Empire Health Plan	LI	Riverside, San Bernardino
07/96	Kern Family Health Care	LI	Kern
04/97	L.A. Care Health Plan	LI	Los Angeles
01/97	San Francisco Health Plan	LI	San Francisco
02/97	Santa Clara Family Health Plan	LI	Santa Clara



SURVEY RESPONSE RATES

As shown in Table 2, a total of 10,800 adult surveys and 7,561 child surveys were attempted. Surveys sent to deceased members, disenrolled/or ineligible members, mentally or physically incapacitated members, and members where language was a barrier to survey completion were considered invalid, and were excluded from the survey. Excluded from the adult survey results were 177 members with language problems and 16 who were mentally or physically incapacitated. Five adult members had died and 581 disenrolled prior to receiving the survey and were also excluded from the results, following NCQA methodology. Excluded from the child survey were 341 members who disenrolled, one who had died, and 128 with language problems.

Members who had both an incorrect address and telephone number were also excluded. There were 455 adult members and 386 children with bad addresses and phone numbers.

Of the 10,800 adult surveys, 1,234 were invalid and, thus, excluded from the study, leaving 9,566 potential adult surveys. Out of these 9,566 surveys, 3,092—or 32.3 percent—of the surveys were completed. Of the completed adult surveys, 2,609 were completed by mail and 483 were completed by telephone.

The response rate for the child survey was similar to that of the adult survey. Of the 7,561 surveys attempted, 856 were invalid and excluded from the survey study. From the remaining 6,705 potential child surveys, 2,083 or 31.1 percent of the surveys were completed. Of the completed child surveys, 1,693 were completed by mail and 390 were completed by telephone.

A survey was considered complete if at least 80 percent of the questions, including the two critical questions, were answered. The critical questions were one and 21 for the adult survey, and questions one and 22 for the child survey. (See Appendices A and B for the actual survey questions).

Table 2. CAHPS® 2.0H Adult and Child Survey Response Rates

Adult Survey			Child Survey	
Total Number of Attempted Surveys	10,800	100.0%	7,561	100.0%
Valid Exclusions				
Number Who Were Deceased	5	0.0%	1	0.0%
Number of Other Invalid Cases	1,229	11.4%	855	11.3%
Total Number of Potential Surveys	9, 566	88.6%	6, 705	88.7%
Number of Completed Mail Surveys	2, 609	27.3%	1, 693	25.2%
Number of Completed Phone Surveys	483	5.0%	390	5.8%
Actual Number of Completed Surveys	3,092	32.3%	2,083	31.1%
CAHPS® 2.0 Response Rate (%)	32.3%		31.1%	
The CAHPS® 2.0H response rate is the actual number of completed surveys divided by the total potential surveys. Percentages may not add up to the total percentages due to rounding.				



Table 3 (below) illustrates the distribution by individual health plan including the totals for potential and completed surveys, the percentage of completed surveys, as well as the number of invalid surveys.

Table 3. CAHPS® 2.0H Adult and Child Survey Response Rates by Health Plan

Health Plan	Adult Survey				Child Survey			
	Potential Surveys	Complete Surveys	Percent Complete	Invalid Surveys	Potential Surveys	Complete Surveys	Percent Complete	Invalid Surveys
Blue Cross of California	1,327	394	29.7	248	965	284	29.4	138
Community Health Group	1,389	522	37.6	186	990	381	38.5	113
Health Net	1,335	373	27.9	165	962	281	29.2	88
Kaiser (South)	1,447	457	31.6	53	1,022	295	28.9	28
Sharp Health Plan	1,336	527	39.4	164	896	349	39.0	154
Universal Care	1,392	355	25.5	108	959	198	20.6	91
UCSD	1,340	464	34.6	310	911	295	32.4	244
Total	9,566	3,092	32.3	1,234	6,705	2,083	31.1	856

Note: The "invalid surveys" are NOT included in the "potential surveys."

The majority of completed surveys were conducted by mail, with the telephone portion of the survey protocol increasing the health plan completion rate from less than one percentage point to nine percentage points. Figures 1 and 2, on page 14, illustrate survey completion rates by health plan for the adult and child surveys.

Of the members eligible to complete the telephone surveys, there was a completion rate of 16 percent for adults and 19 percent for children. In addition to an increase in the percentage of responses by mail, Medicaid data from the National CAHPS® Benchmark Database (NCBD) also showed a significant increase in the response rate in the telephone portion, with an increase of 17 percent.



Figure 1
Adult CAHPS® Survey Completion Rates by Mail and Telephone

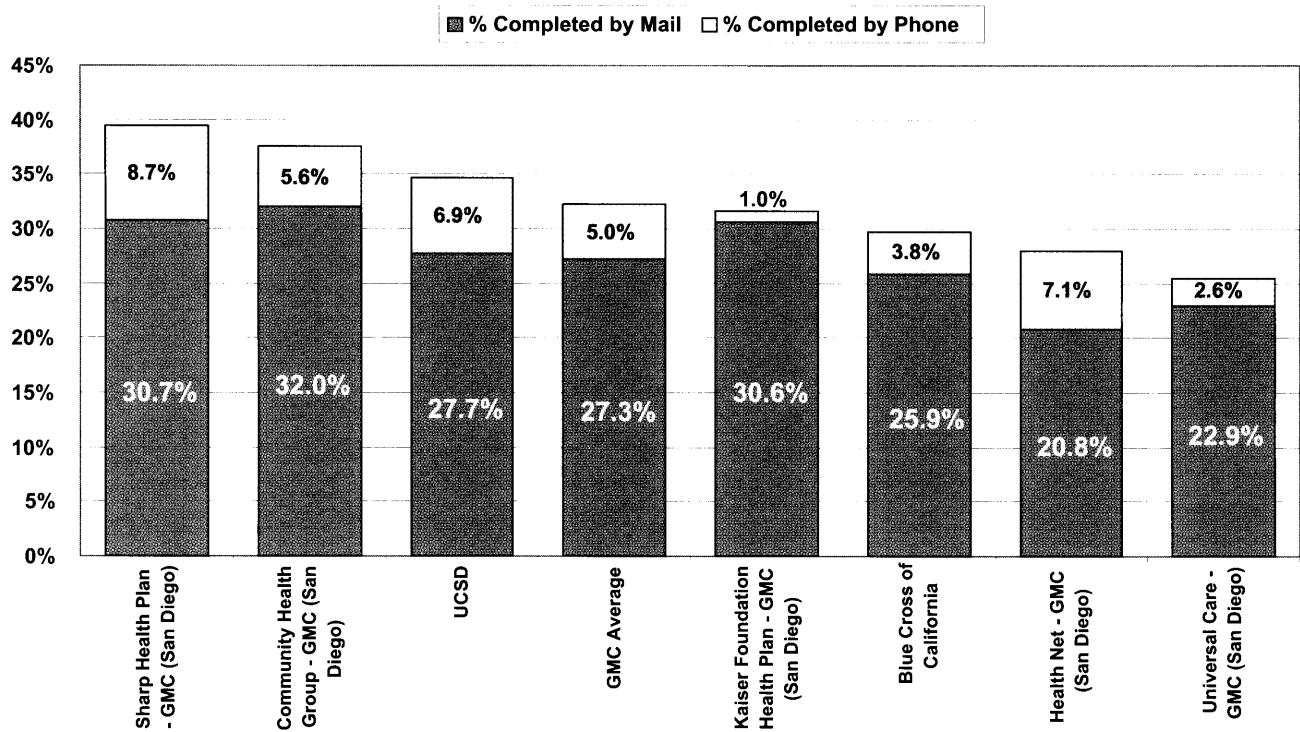
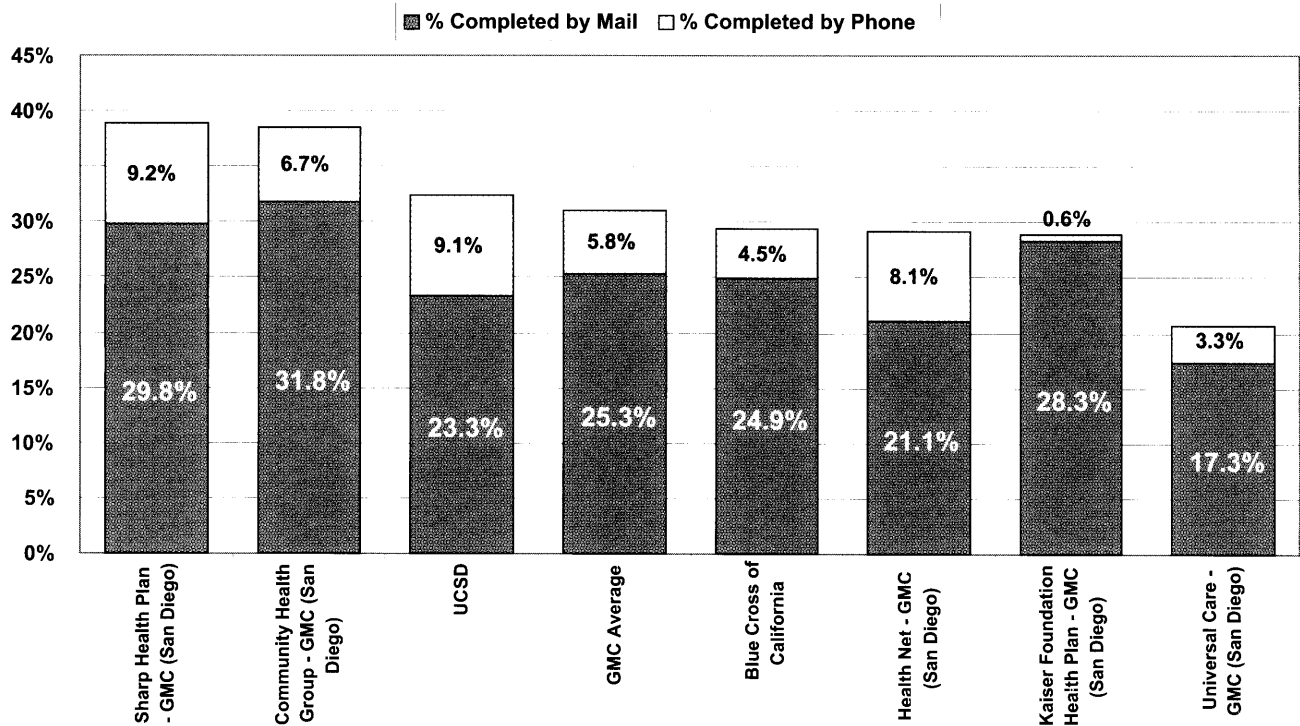
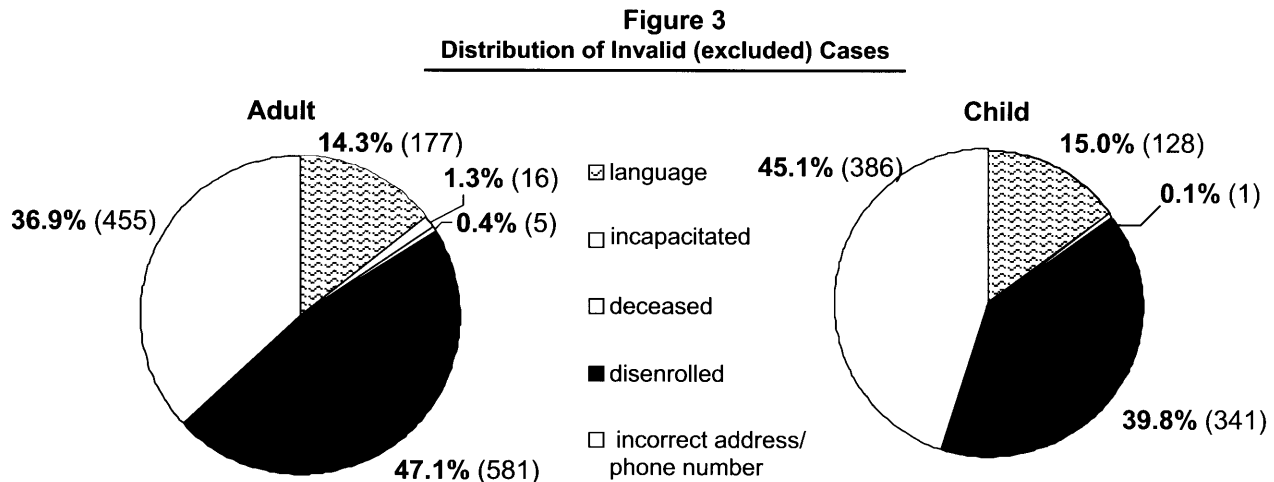


Figure 2
Child CAHPS® Survey Completion Rates by Mail and Telephone



Invalid cases excluded from the adult survey results included members with a language barrier (177, or 14.3 percent, of invalid cases) and those who were mentally or physically incapacitated (16 members). A language barrier is defined as those members for whom the language used for the survey was a barrier to completing the survey. Members who died (5, or 0.4 percent) or who were no longer enrolled (581, or 47.1 percent) at the time they completed the survey were also excluded from the results, following NCQA methodology. The invalid child surveys had 341 (39.8 percent) members who disenrolled from the health plan and 128 (15.0 percent) with a language barrier.



Among the total number of potential adult and child surveys (16,271), 841 or 5.2 percent had both an incorrect address *and* phone number and consequently had to be excluded from the study (Figure 3). Three weeks after the follow-up surveys were mailed (see Survey Timeframe on page 7), members who did not respond became eligible for the phone survey. Only sixty percent of the adult Medi-Cal members surveyed and 54 percent of child members surveyed, who were eligible for the phone survey, had an available telephone number. Of those 60 percent adult members with available telephone numbers (or 54 percent child), it was found that approximately 10 percent (or 13 percent for child) had inaccurate telephone numbers.

Inaccurate telephone numbers was also a problem in the 1999 Medi-Cal CAHPS® 2.0H survey. Of the 29,760 adult surveys attempted in the 1999 CAHPS® 2.0H survey, only 43 percent (9,350) of approximately 22,000 members eligible for the telephone survey had an available telephone number. However, nearly 40 percent, or 3,731, of these adult members had an incorrect phone number. Not surprisingly, the child survey had similar results. A total of 15,368 child members were eligible to be in the 1999 CAHPS® 2.0H phone survey, but only 7,378—or 37.4 percent—of those eligible had an available telephone number. Of the members with available telephone numbers, 37.3 percent were incorrect numbers. Six percent, or 1,164, of the 19,728 attempted child surveys were not completed due to both incorrect addresses and phone numbers.



The adult response rate of 32.3 percent and the child response rate of 31.1 percent are both below the overall NCQA target response rate of 45 percent for Medicaid Plans. In 1999, the target response rate was 50 percent for Medicaid health plans, but NCQA revised these expected response rates for the 2000 CAHPS® 2.0H survey. The Medi-Cal population is a challenging population in which to administer a survey due to the transient nature of the population and such issues such as incorrect addresses and phone numbers. In addition, due to the high proportion of members who prefer a language other than English or Spanish, the use of only English and Spanish for the survey presents a potential barrier to completing the survey for many in the Medi-Cal population. Nevertheless, important information can be obtained from the results of the survey that may aid health plans in identifying potential areas for improvement in consumer satisfaction.

It is important to note that although each health plan had over 100 respondents, it is possible for that health plan to have less than 100 respondents to any one specific question. Members were not required to answer every question. Following NCQA methodology, all critical questions and only 80 percent of the pertinent questions were required to be answered in order to count as a valid survey. Again, following NCQA methodology, questions with fewer than 100 respondents are not reported because the results are not statistically reliable.

Whenever a survey is conducted on a sample from a health plan's population, there is a margin of error associated with the results. For example, in the sample of members, 40 percent of the respondents may rate his or her Personal Doctor or Nurse as the best (9 or 10). If several other samples were selected and the members surveyed, the rate for the same measure may be 35 percent or perhaps as high as 45 percent. All three of these numbers are estimates of the number of members in the population who would say his or her Personal Doctor or Nurse is the best. They are estimates because they contain sampling error. Public opinion polls typically include a statement about the margin of error, usually expressed in terms of "plus or minus" a certain number of percentage points. When the margin of error is small, there is more confidence in the survey results. This margin of error is closely linked to sample size; so, the larger the sample size, the smaller the margin of error. For example, a sample size of 50 members has a margin of error of plus or minus 13 percent, while a sample size of 150 has a margin of error around 7 percent. NCQA methodology does not report results for questions with less than 100 respondents because the margin of error would be too large for meaningful results.



OVERALL MEMBER DEMOGRAPHICS

The overall member demographics in Table 4 (page 19) provide important information when making health plan comparisons. Demographic factors that may have had an impact on the survey response rates and/or scores are ethnicity, language, educational level, and gender. Appendices C and D provide specific comparative demographics by health plan and plan model type.

Demographics of Adult Respondents

Gender

Statewide data for the Medi-Cal managed care health plan population indicate a breakdown of 42 percent males and 58 percent females. Among the 3,092 respondents for the 2000 CAHPS® 2.0H adult survey, 3,055 indicated their gender. Of those 3,055 respondents, approximately 21.2 percent were male and 78.8 percent were female.

Ethnicity

For the San Diego GMC CAHPS® 2.0H survey respondents, the distribution of various ethnic groups was as follows: Hispanic, 32.5 percent; White, 39.4 percent; Black, 14.5 percent; and Asian (including Southeast Asian and Pacific Islander), 10.9 percent. Statewide Medi-Cal managed care health plan data indicate the following percentages of various ethnic groups: Hispanics, 48.0 percent; White, 22.3 percent; Black, 18.7 percent; and Asian (including Southeast Asian and Pacific Islander), 10.5 percent. A health plan with a high response from Blacks may have considerably different scores than a health plan with a high response from Asians since Blacks reported higher positive response ratings overall.

Language

Statewide Medi-Cal managed care health plan data indicate the following percentages of various languages: English, 65.2 percent; Spanish, 25.1 percent; and Asian, Southeast Asian, and Pacific Islander combined are 6.6 percent. In both 1999 and 2000, the survey was administered in English and Spanish. Of the 3,092 completed adult surveys, 12 percent were completed in Spanish and 88 percent in English. It is likely that additional languages would be helpful in achieving greater response rates. Although the breakdown of the overall Medi-Cal managed care population shows approximately 8 percent who speak languages other than English and Spanish, a health plan may have a disproportionately higher share of members who speak languages other than English and Spanish. This may have contributed to lower response rates for some health plans.

Educational Level

The educational level of respondents provides a cross section of backgrounds of health plan members. The adult survey fields the question: "What is the highest grade or level of school that you have completed?" Most of the adult respondents in the survey reported having some



high school education (about 50%) or having some college education (about 39%). Approximately 11 percent of the respondents had an 8th grade education or less.

Demographics of Child Respondents

It is important to note that while the child's gender and ethnicity were provided in the demographics, an adult was responsible for completing the questionnaire for the child. Therefore, demographic information for children's responses should be used with caution. Additionally, the educational level and age groups did not apply (and were not collected) for the children in the survey.

Gender

Statewide data for the Medi-Cal managed care population indicate a breakdown of 42 percent males and 58 percent females. The child survey was completed for 2,083 children. Of these completed surveys, only 2,033 indicated the gender of the child. The results show that 50 percent of the children were male and 50 percent were female.

Ethnicity

The survey results indicate the following ethnic breakdowns for completed child surveys: Hispanics, 46.8 percent; Whites, 24.7 percent; Blacks, 17.1 percent; and Asian (including Southeast Asian, and Pacific Islander), 6.5 percent. Other ethnic groups accounted for 5 percent of the child survey respondents. This distribution of ethnicity is very similar to the overall Medi-Cal distribution of ethnicity.



Table 4. Demographics of Adult and Child CAHPS® 2.0H Survey Respondents

Demographics	Adult Survey	Child Survey
Gender	N =3,055	N = 2,033
Male	21.2 %	50.0 %
Female	78.8 %	50.0 %
Ethnicity (%)	N = 2,992	N = 2,036
White / Caucasian	39.4 %	24.7 %
Hispanic	32.5 %	46.8 %
Black	14.5 %	17.1 %
Asian	10.9 %	6.5 %
Other	2.7 %	5.0 %
Language Spoken	N = 2,855	N = 1,898
English	71.9 %	64.4 %
Spanish	15.9 %	29.8 %
Other	12.2 %	5.7 %
Age Groups (%)	N = 3,033	This Demographic Information Does Not Apply to the Child Survey
18 - 24	12.0 %	
25 - 34	23.8 %	
35 - 44	33.0 %	
45 - 54	19.6 %	
55 - 64	6.0 %	
65 or Older	5.4 %	
Educational Level (%)	N = 2,934	
8 th Grade or Less	11.0 %	
Some High School	17.3 %	
High School Graduate or GED	33.0 %	
Some College or 2-Year Degree	31.6 %	
4-Year College Degree	4.2 %	
More than 4-Year College Degree	2.8 %	

Note: The N differs in each category since some of the respondents chose not to answer some of the questions.



ADULT SURVEY RESULTS

Global Ratings

Tables 5 through 8 on pages 21 through 24 represent the four adult global ratings by health plan. Together, responses for the four global rating questions are intended to be used together to reflect customers' overall satisfaction.

Adult Global Ratings	
◆	Rating of Personal Doctor or Nurse
◆	Rating of Specialist
◆	Rating of All Health Care
◆	Rating of Health Plan

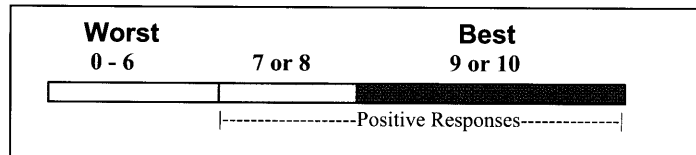
Each table includes the actual question that was asked in the survey. Responses are represented by a "worst to best scale" (worst 0-6 and best 9-10) for the global ratings. The percent with positive responses is a combination of all members that chose either 7, 8, 9, or 10 as their answer.

Results are presented in tabular form with a listing of the health plans in descending order of performance based on favorable responses. Following NCQA methodology, health plans with less than 100 respondents to a question are not displayed. The San Diego GMC Medi-Cal health plan average and the 1999 Medi-Cal health plan average have been provided to facilitate individual health plan comparisons.



Table 5. CAHPS® 2.0H – Adult Survey – Global Rating of Personal Doctor or Nurse

Question #6: Use any number from 0 to 10 where 0 is the worst personal doctor or nurse possible, and 10 is the best personal doctor or nurse possible. How would you rate your personal doctor or nurse now?



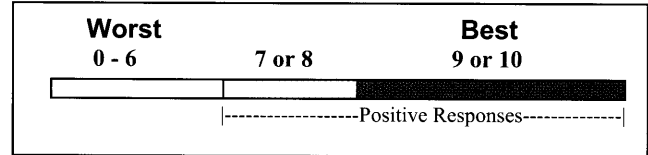
Name of Plan		% With Positive Responses*	Respondents
Kaiser Foundation Health Plan		88.0%	383
UCSD Health Plan		85.7%	308
Community Health Group		85.1%	336
Universal Care		84.5%	226
San Diego GMC Medi-Cal Plans Avg.		83.6%	2,151
Sharp Health Plan		81.6%	364
Health Net - GMC		80.5%	257
Blue Cross of California		78.3%	277
1999 Medi-Cal Average		81.1%	4,619

* Percent with positive responses are those members who answered the question with a 7, 8, 9 or 10.



Table 6. CAHPS® 2.0H – Adult Survey – Global Rating of Specialist

Question #10: Use any number from 0 to 10 where 0 is the worst possible specialist, and 10 is the best specialist possible. How would you rate the specialist?



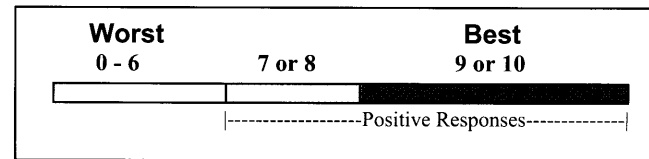
Name of Plan		% With Positive Responses*	Respondents
Kaiser Foundation Health Plan		85.3%	177
UCSD Health Plan		80.4%	148
Health Net - GMC		79.3%	116
San Diego GMC Medi-Cal Plans		78.6%	954
Sharp Health Plan		78.1%	146
Universal Care		77.1%	105
Community Health Group		76.6%	158
Blue Cross of California		69.2%	104
1999 Medi-Cal Average		78.6%	2,210

* Percent with positive responses are those members who answered the question with a 7, 8, 9 or 10.



Table 7. CAHPS® 2.0H – Adult Survey – Global Rating of All Health Care

Question #32: Use any number from 0 to 10 where 0 is the worst health care possible, and 10 is the best health care possible. How would you rate all your health care?



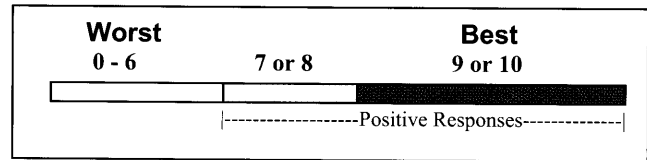
Name of Plan		% With Positive Responses*	Respondents
Kaiser Foundation Health Plan		86.3%	364
UCSD Health Plan		77.5%	364
Sharp Health Plan		76.8%	400
San Diego GMC Medi-Cal Plans		76.4%	2,323
Community Health Group		75.9%	394
Universal Care		74.2%	240
Health Net – GMC		74.1%	266
Blue Cross of California		67.5%	295
1999 Medi-Cal Average		74.1%	5,663

* Percent with positive responses are those members who answered the question with a 7, 8, 9 or 10.



Table 8. CAHPS® 2.0H – Adult Survey – Global Rating of Health Plan

Question #50: Use any number from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your health plan now?



Name of Plan		% With Positive Responses*	Respondents
Kaiser Foundation Health Plan		85.0%	447
Sharp Health Plan		77.1%	519
UCSD Health Plan		74.1%	455
San Diego GMC Medi-Cal Plans		74.1%	3,005
Community Health Group		73.4%	504
Universal Care		70.1%	347
Blue Cross of California		69.4%	373
Health Net – GMC		65.8%	360
1999 Medi-Cal Average		70.8%	7,811

* Percent with positive responses are those members who answered the question with a 7, 8, 9 or 10.



ADULT SURVEY RESULTS

Composite Scores

The five composite scores summarize responses to several questions in key areas:

Adult Composite Scores	
◆	Getting Needed Care
◆	Getting Care Quickly
◆	How Well Doctors Communicate
◆	Courteous and Helpful Office Staff
◆	Customer Service

The tables in this section present the five composite scores for responses from the adult surveys. (Tables 9 and 10, pages 26 and 27.) Each question in the composite has a response scale ranging from “never” to “always.” The percent with positive responses combines the two favorable responses, “usually” and “always.”

Results are presented in tabular form with a listing of the health plans in descending order of performance based on favorable responses. The Medi-Cal San Diego GMC Plan average and the 1999 Medi-Cal health plan average have been provided to facilitate individual health plan comparisons. There are only two composite scores displayed on the following pages. Health plans with less than 100 respondents to a question are not displayed, following NCQA methodology. *Getting Needed Care*, *Getting Care Quickly* and *Customer Service* all had less than 100 respondents by health plan and, therefore, only aggregate results are provided (See Table 11 on page 29 and Figure 10 on page 42).

It is important to note that although the health plans had over 100 respondents, it is possible to have less than 100 respondents to any one specific question. Members were not required to answer every question. Following NCQA methodology, only 80 percent of the pertinent questions were required to be answered in order to count as a completed survey. Again, following NCQA methodology, questions with fewer than 100 respondents are not reported due to the lack of statistical reliability in the results.

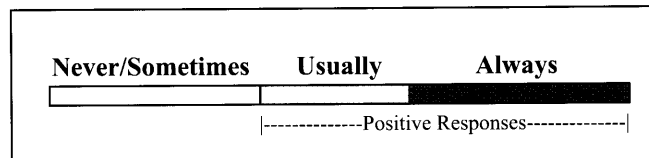


Table 9. CAHPS® 2.0H – Adult Survey – How Well Doctors Communicate

Question #27: In the last 6 months, how often did doctors or other health providers listen carefully to you?

Question #30: In the last 6 months, how often did doctors or other health providers show respect for what you had to say?

Question #29: In the last 6 months, how often did doctors or other health providers explain things in a way you could understand?



Question #31: In the last 6 months, how often did doctors or other health providers spend enough time with you?

Name of Plan		% With Positive Responses*	Respondents
Kaiser Foundation Health Plan		85.8%	359
UCSD Health Plan		80.9%	366
San Diego GMC Medi-Cal Plans		78.2%	2,304
Health Net – GMC		77.9%	262
Community Health Group		77.8%	392
Universal Care		76.3%	236
Sharp Health Plan		74.6%	401
Blue Cross of California		72.9%	288
1999 Medi-Cal Average		75.5%.	5,656

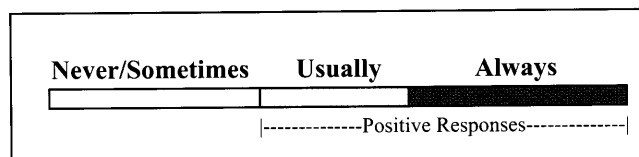
* Percent with positive responses combines the two favorable responses “usually” and “always.”



Table 10. CAHPS® 2.0H – Adult Survey – Courteous and Helpful Office Staff

Question #25: In the last 6 months, how often did office staff at a doctor's office or clinic treat you with courtesy and respect?

Question #26: In the last 6 months, how often were office staff at a doctor's office or clinic as helpful as you thought they should be?



Name of Plan		% With Positive Responses*	Respondents
Kaiser Foundation Health Plan		93.4%	365
Universal Care		83.3%	239
San Diego GMC Medi-Cal Plans		82.9%	2,323
Health Net – GMC		82.2%	264
UCSD Health Plan		81.8%	368
Blue Cross of California		81.2%	292
Community Health Group		79.9%	393
Sharp Health Plan		78.6%	402
1999 Medi-Cal Average		81.6%	5,593

* Percent with positive responses combines the two favorable responses “usually” and “always.”



ADULT SURVEY – ADDITIONAL ANALYSES AND RESULTS

Presently there are no set standards for reporting the global and composite rating scores. The two most popular methods consider a positive response to be a 7, 8, 9 or 10, or just an 8, 9 or 10. This report uses the former.

In addition to providing health plan specific comparisons, results are also presented by gender, age, ethnicity and educational level. The additional analyses presented here are intended to provide DHS and its health plans with opportunities to improve member satisfaction. Depending on the results of the demographics presented in the following tables, targeted interventions may be warranted.

Global Rating Score by Demographics

Table 11 (page 29) shows the percent of positive responses for the global rating scores by gender, age groups, ethnicity and educational level for the adult respondents. The highest positive response rates were for *Rating of Personal Doctor* and *Rating of Specialist*. By contrast, the *Rating of All Health Care* and *Rating of the Health Plan* consistently had the lowest percentage of positive responses.

Responses by Gender

Male respondents tended to be more satisfied with their personal doctors and specialists, and slightly more satisfied with all their healthcare than the female respondents.

Responses by Age

Respondents 65 years of age and older gave more positive responses than any other age group when asked to rate their specialists, all of their healthcare and the health plan. When asked to rate their personal doctor, respondents 65 and over were the second most likely to respond positively (88.4 percent), while those between the ages of 55 to 64 years of age responded slightly more favorably (89.0 percent).

Responses by Ethnicity

The ethnicity breakout of scores is discussed in more detail on pages 32 through 35. Results may also be found in Tables 11 and 12, pages 29 and 33, respectively.

Responses by Education Level

It is interesting to note that when broken down by education level, respondents with the least education (8th grade or less) and respondents with the most education (more than 4 years of college) were more positive for all the global ratings (except *Rating of Specialist*, for which those with a 4-year college degree offered the highest score).



Table 11. Adult Survey—Global Rating Scores Percent of Positive Responses

Demographic	Rating of Personal Doctor	Rating of Specialist	Rating of All Health Care	Rating of Health Plan
Gender				
Male	87.0	82.8	78.4	74.1
Female	82.9	77.7	76.1	74.2
Age Groups				
18 - 24	83.1	70.6	79.5	74.8
25 - 34	79.3	76.9	69.1	69.5
35 - 44	84.4	81.1	78.2	75.9
45 - 54	83.8	76.4	76.9	75.3
55 - 64	89.0	74.7	81.5	73.8
65 or Older	88.4	86.8	85.7	78.8
Ethnicity				
White / Caucasian	81.7	77.1	73.4	70.0
Hispanic	86.5	83.1	80.5	80.0
Black	87.0	82.2	76.7	77.6
Asian	75.1	68.5	76.2	69.3
Other	92.9	78.3	78.8	71.8
Educational Level				
8 th Grade or Less	86.8	81.2	82.4	78.0
Some High School	81.7	69.6	72.5	74.1
High School Graduate or GED	83.1	78.9	77.4	77.0
Some College or 2-Year Degree	82.8	79.7	74.5	69.0
4-Year College Degree	84.3	81.8	80.0	76.0
More than 4-Year College Degree	91.2	78.8	81.0	78.3

Note: Global Rating Scores are comprised of questions represented by a “worst to best” scale (worst 0-6 and best 7-10).
The percent with positive responses combines the members that chose either 7, 8, 9 or 10 as their answer.



Global Ratings Score by Demographics (continued)

Rating of Personal Doctor

Members surveyed were asked to rate their personal provider on a scale from 0 (the worst) to 10 (the best). The response is graphically represented as ***Rating of Personal Doctor*** in Figure 11, page 43. Over 50 percent of Whites surveyed felt that their personal provider was the *very best* (9 or 10). Almost 30 percent of Whites surveyed rated their doctor as the *best*, and less than 20 percent scored their provider as *the worst* (0 to 6). More than 60 percent of the Hispanics surveyed scored their personal provider as the *very best*, approximately 25 percent as the *best* (7 or 8), and less than 15 percent as *the worst*. Blacks also scored their personal providers very high, with over 60 percent feeling he/she was the *very best*, close to 25 percent feeling their doctor was the *best*, and less than 15 percent ranking their personal provider as *the worst*. Asians surveyed were the least satisfied with their personal provider of any ethnic groups identified. Approximately 40 percent ranked their provider as the *very best*, less than 35 percent as the *best*, and 25 percent felt that their provider was *the worst*.

Rating of Specialist

Those surveyed were also asked to rate the specialist they saw most often, ***Rating of Specialist*** (Figure 12, page 43), on a scale from 0 (the worst) to 10 (the best). Fifty-two percent of the White respondents felt that their specialist was the *very best*, 25 percent felt their specialist to be the *best*, and the remaining 23 percent felt he or she was *the worst*. Of the Hispanics surveyed, 60 percent rated their specialist as the *very best*, 23 percent as the *best*, and 17 percent as *the worst*. Blacks surveyed responded similarly about their specialist as did the Hispanics, with 60 percent rating him/her as the *very best*, 22 percent as the *best*, and 18 percent as *the worst*. Asians were less satisfied with their specialist than the other groups. Only 38 percent felt their specialist was the *very best*, and 30 percent the *best*, while 32 percent rated their specialist as *the worst*.

Rating of All Health Care

The survey asked respondents to rate all the healthcare they received from all doctors and other health providers, ***Rating of All Health Care*** (Figure 13, page 44), on a scale of 0 (the worst) to 10 (the best). Of the Whites surveyed 42 percent responded they received the *very best* (9 or 10) health care, 32 percent responded they received the *best* (7 or 8) and the remaining 27 percent responded that they received *the worst* (0 to 6) health care. Of the Hispanics surveyed, 52 percent rated the health care they received as the *very best*, approximately 30 percent the *best*, and less than 20 percent as *the worst*. Blacks surveyed responded similarly to Hispanics, with slightly lower—49 percent—rating their care as the *very best*, 28 percent as the *best*, and 23 percent as *the worst*. Asians surveyed were less likely to rate all their health care received as the *very best* than the other ethnic groups, with only 34 percent giving a 9 or 10, but were more likely to score it as the *best* (42 percent), and 24 percent rated it as *the worst*.



Rating of Health Plan

The survey asked respondents to rate their health plan, ***Rating of Health Plan*** (Figure 14, page 44), on a scale of 0 (the worst) to 10 (the best). Thirty-eight percent of Whites surveyed responded that their health plan was the *very best*, 31 percent responded it was the *best*, and the remaining 30 percent rated their health plan as *the worst*. Hispanics were the most satisfied with their health plan, with 53 percent rating their health plan as the *very best*, 27 percent as the *best*, and only 20 percent scoring their health plan as the *worst*. Of the Blacks surveyed, 46 percent felt their health plan was the *very best*, 32 percent as the *best*, and 22 percent rated their health plan as *the worst*. Asians surveyed responded similarly to Whites, with 35 percent rating their health plan as the *very best*, another 35 percent as the *best*, and 31 percent rating their health plan as *the worst*.



Composite Scores by Demographics

The overall composite scores are presented in Table 12, page 33. ***Courteous and Helpful Office Staff***, ***Getting Needed Care***, and ***How Well Doctors Communicate*** had the highest positive response rates.

Responses by Gender

Male respondents consistently reported more favorably than female respondents except for ***Getting Care Quickly***. This correlates with the Global Ratings where males also reported more favorable responses than females.

Responses by Age

Respondents 65 years of age and older responded most favorably in three out of five composites, and the most favorable when asked if they were getting the care they needed.

Responses by Educational Level

Unlike the global ratings, there did not appear to be a pattern for responses by educational level to the composite scores.

Responses by Ethnicity

Blacks reported the highest scores of the identified ethnic groups for all the composites, excluding ***Customer Service***, which had less than 100 responses by demographic category for this composite score and the results are not meaningful. Asians and Whites generally responded with the lowest scores. The ethnicity breakout of scores is discussed in more detail on pages 34 and 35. Results may also be found in Tables 11 and 12, pages 29 and 33, respectively.



Table 12. Adult Survey – Overall Composites Scores

Demographic	Percent of Positive Responses				
	Getting Needed Care N = 591	Getting Care Quickly N = 797	How Well Doctors Communicate N = 2304	Courteous and Helpful Office Staff N = 2323	Customer Service* N = 217
Gender					
Male	82.5	56.7	80.9	85.6	78.6
Female	76.7	62.2	77.5	82.1	73.2
Age Groups					
18 - 24	88.1	72.2	79.4	82.4	90.5
25 - 34	69.5	53.8	73.3	80.6	66.7
35 - 44	75.9	61.9	78.4	83.1	77.8
45 - 54	81.3	61.4	78.8	82.6	73.9
55 - 64	87.5	66.7	81.5	85.1	85.7
65 or Older	87.2	76.5	88.5	89.7	50.0
Ethnicity					
White / Caucasian	77.7	61.4	76.2	81.7	76.8
Hispanic	79.9	54.6	81.3	85.1	73.4
Black	81.0	73.8	81.5	85.6	75.0
Asian	75.0	62.8	75.7	78.6	75.0
Other	33.3	75.0	68.6	76.9	33.3
Educational Level					
8 th Grade or Less	80.4	63.1	83.9	85.2	100.0
Some High School	79.8	64.6	75.2	84.5	84.2
High School Graduate or GED	80.4	62.9	80.0	84.0	79.3
Some College or 2-Year Degree	75.3	58.4	75.6	79.2	65.9
4-Year College Degree	74.1	59.4	79.1	84.3	84.6
More than 4-Year College Degree	66.7	72.0	77.4	85.7	50.0

*Note: Overall Composite Scores comprise multiple questions with a response scale ranging from “never” to “always.” The percent with positive responses combines the two favorable responses, “usually” and “always.” Although presented here, it should be noted that *Customer Service* did not have a sufficient number of responses (i.e., more than 100 respondents) for all categories in order to be meaningful.



Composite Ratings

Getting Needed Care

The composite rating ***Getting Needed Care*** (Figure 15, page 45) consists of four questions regarding the members' ability to get a personal provider, get a specialist, and receive the care needed. Thirty-one percent of surveyed Whites responded that this was *not a problem*, 47 percent responded that it was a *small problem*, and the remaining 22 percent felt that getting needed care was a *big problem*. Of the Hispanics, 38 percent felt that getting care was *not a problem*, 42 percent felt it was a *small problem*, and 20 percent felt it was a *big problem*. Thirty-five percent of Black respondents felt that getting needed care was *not a problem*, 46 percent felt it was a *small problem*, and the remaining 19 percent responded that it was a *big problem*. Asians surveyed were the least likely to feel that they were receiving needed care, with 32 percent responding that it was *not a problem*, 43 percent responding it was a *small problem*, and 25 percent responding that getting needed care was a *big problem*.

Getting Care Quickly

The composite rating ***Getting Care Quickly*** (Figure 16, page 45) consists of four questions assessing how long the member had to wait to get routine and urgent care. Only 7 percent of Whites surveyed felt they *always* got care quickly, 54 percent felt they *usually* got care quickly, and 39 percent felt they *sometimes or never* got care quickly. Less than 10 percent of Hispanics surveyed felt they *always* got care quickly, 45 percent felt they *usually* got care quickly, and the remaining 45 percent felt they only *sometimes or never* got care quickly. Blacks were more likely to feel they were getting care quickly, with 10 percent responding they *always* got care quickly, 64 percent responding they *usually* did, and 26 percent responding that they *sometimes or never* got care quickly. Seven percent of Asians felt they *always* got care quickly, 56 percent felt they *usually* got care quickly, and 37 percent of Asians felt they *sometimes or never* got care quickly.

How Well Doctors Communicate

The composite ***How Well Doctors Communicate*** (Figure 17, page 46) comprises four questions addressing how well the provider listened, how well he/she explained issues, and if he/she showed respect and spent enough time with the member. Thirty-five percent of Whites surveyed felt their provider *always* communicated well, 41 percent felt they *usually* communicated well, and 24 percent responded their doctor *sometimes or never* communicated well. Of the Hispanics surveyed, 29 percent felt their provider *always* communicated well with them, 53 percent felt they *usually* did, and 19 percent felt they *sometimes or never* did. Forty percent of the Blacks surveyed felt their provider *always* communicated well, another 41 percent felt they *usually* did, and 19 percent felt their provider communicated well with them only *sometimes or never*. Only 26 percent of Asians surveyed felt their provider *always* communicated well, 49 percent felt they *usually* did, and 24 percent felt they *sometimes or never* communicated well with them.



Courteous and Helpful Office Staff

The composite ***Courteous and Helpful Office Staff*** (Figure 18, page 46) consists of two questions that address whether the provider's office staff was respectful and helpful to the member. Of the Whites surveyed, 49 percent felt that the office staff was *always* respectful and helpful, 33 percent felt they *usually* were, 18 percent felt they *sometimes or never* were courteous and helpful. Forty-seven percent of the Hispanics responded that the office staff was *always* respectful and helpful, 38 percent felt they *usually* were, and 15 percent felt they were *sometimes or never* courteous and helpful. Fifty-seven percent of Blacks surveyed felt the office staff was *always* courteous and helpful, 29 percent felt they *usually* were, and less than 15 percent felt the office staff was only *sometimes or never* courteous and helpful. Asian respondents were the most critical of the providers' office staff, with 44 percent feeling the staff was *always* respectful and helpful, 35 percent feeling they *usually* were, and 21 percent responding that the office staff was courteous and helpful to them only *sometimes or never*.

Demographic Summary

Hispanics were the most satisfied (7, 8, 9, or 10) when asked to rate their specialist, all their healthcare, and their health plan and were just as satisfied with their personal doctor as the Blacks that responded. Asians were the least satisfied when asked to rate their personal provider and specialist, but White respondents were the least satisfied with all their healthcare. Both Asians and Whites were equally (± 1 percent) dissatisfied with their health plan.

In all scores, global and composite, Whites and Asians were the most likely to respond *worst* (0 to 6), or *big problem*, except for ***Getting Care Quickly***. In this composite score, Hispanics were the most likely to report it as a *big problem* followed by Whites and Asians. This is important since some of the health plans have a higher proportion of Whites and Asians than other health plans. Of the seven San Diego GMC plans included in this study, 39 percent of the respondents were White, 33 percent were Hispanic, 15 percent Black, and 11 percent were Asian. Sixty-one percent of Kaiser Health Foundation's respondents were White or Asian (55 percent were White and 6 percent Asian). Fifty-three percent of Blue Cross of California respondents were also White or Asian (42 percent were White and 11 percent Asian). However, Kaiser maintained the highest percent of positive responses (7, 8, 9, or 10) for all the global ratings (Personal Provider, Specialist, All Healthcare, And Health Plan). This indicates that health plans with a disproportionate number of White or Asian respondents do not necessarily create a bias for the health plan. Rather, it seems to indicate that the higher performing health plans are able to address the needs of these populations better than others.



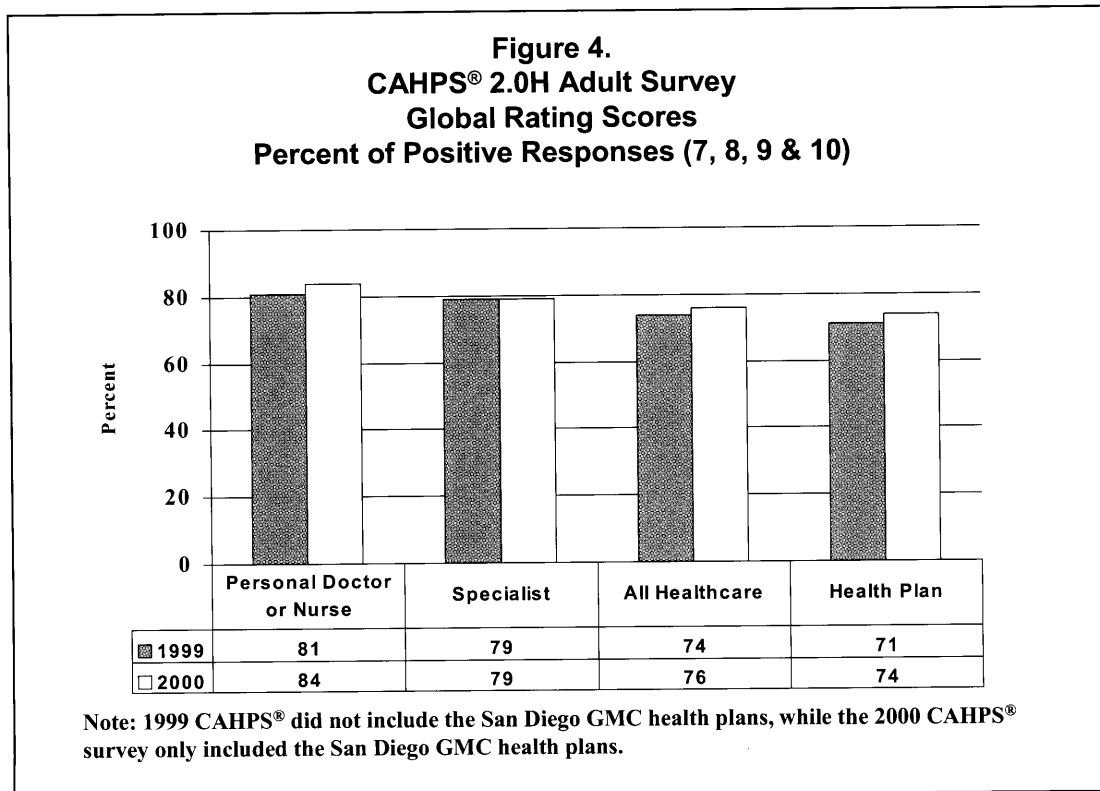
Comparisons Between 1999 and 2000 CAHPS®

Adult Survey Scores

Aggregate global and composite score results from the 2000 CAHPS® 2.0H survey were similar to those from the 1999 CAHPS® 2.0H survey. In fact, none of the scores varied by more than five percentage points. The survey fielded in 1999 (Figures 4 and 5) included 20 health plans in 18 counties, but did not include the seven San Diego GMC health plans. The 2000 survey included only the San Diego GMC health plans.

Adult Global Scores

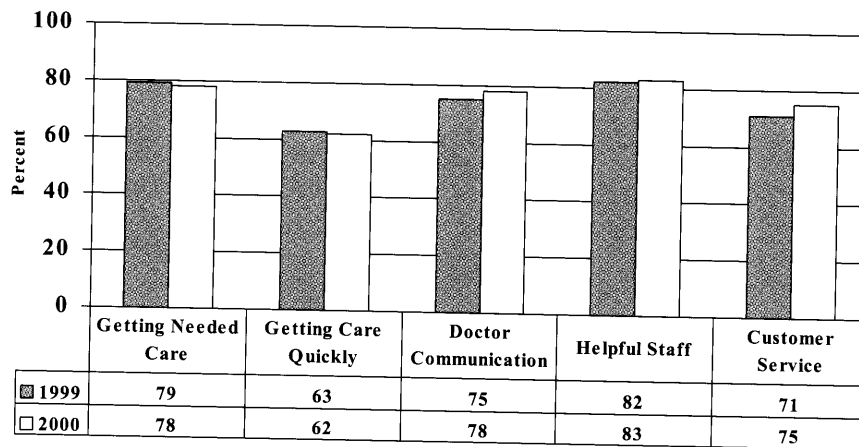
When asked to rate their personal provider, 81 percent responded they were the *best to very best* in 1999, and 84 percent responded they were the *best to very best* in 2000. Seventy-nine percent of the respondents across both years rated their specialist as the *best to very best*. In 1999, 74 percent of the respondents rated their healthcare as *the best to very best*; and, in 2000 76 percent rated it the *best to very best*. When asked to rate their health plan, 71 percent of the respondents in 1999 rated it the *best to very best* and 74 percent in 2000 did the same (Figure 4).



Adult Composite Scores

When asked if they felt they were receiving needed care, 79 percent responded it was *not a problem* in 1999 and 78 percent in 2000. Sixty-three percent of the respondents in 1999 and 62 percent in 2000 felt they were *usually or always* getting their care quickly. In 2000, 78 percent of the respondents felt their doctors *usually or always* communicated well with them. Eighty-two percent of respondents in 1999 and 83 percent in 2000 felt that the office staff was *usually or always* helpful. Health plan customer service was rated the *best* by 71 percent of the respondents in 1999 and 75 percent of the respondents in 2000 (Figure 5).

Figure 5.
CAHPS® 2.0H Adult Survey
Composite Scores
Percent of Positive Responses
(Usually or Always)



Note: 1999 CAHPS® did not include the San Diego GMC health plans, while the CAHPS® 2000 survey only included the San Diego GMC health plans.



Cigarette Smokers Survey

The table below represents the number of adults who responded that they were currently smokers and had been advised to quit smoking by their physician in the past six months. The 1999 Medi-Cal average was 44.8 percent and the San Diego GMC's 2000 Medi-Cal average was 45.8 percent. Both are well below the HEDIS 2000 Medicaid National Benchmark of 64 percent for current smokers being advised to quit. Table 14, page 39 provides smoking cessation advice percentages by health plan.

Table 13. Percent of Smokers Advised to Quit Smoking

Health Plan Model Type	Number of Current Smokers	Percent Advised to Quit Smoking
2000 CAHPS® Medi-Cal Survey (San Diego GMC)	859	45.8
1999 CAHPS® Medi-Cal Survey	2,168	44.8
HEDIS 2000 Medicaid National Benchmark (50 th Percentile)		64.0

Of the 859 who identified themselves as current smokers, 844 reported their ethnic group. The ethnic average rate varies from the overall rate because not all respondents reported their ethnicity. The following graph represents the percent of the current smokers that were advised to quit by ethnicity, compared to the average of those advised to quit. Black smokers were more likely to be advised to quit (51.6 percent), followed by Whites (46.8 percent). Compared to the average, Hispanics were less likely to be advised to quit smoking (44.4 percent). Both the Asian and Other ethnic groups were too small (i.e., had less than 100 respondents) to be useful in a comparative discussion.

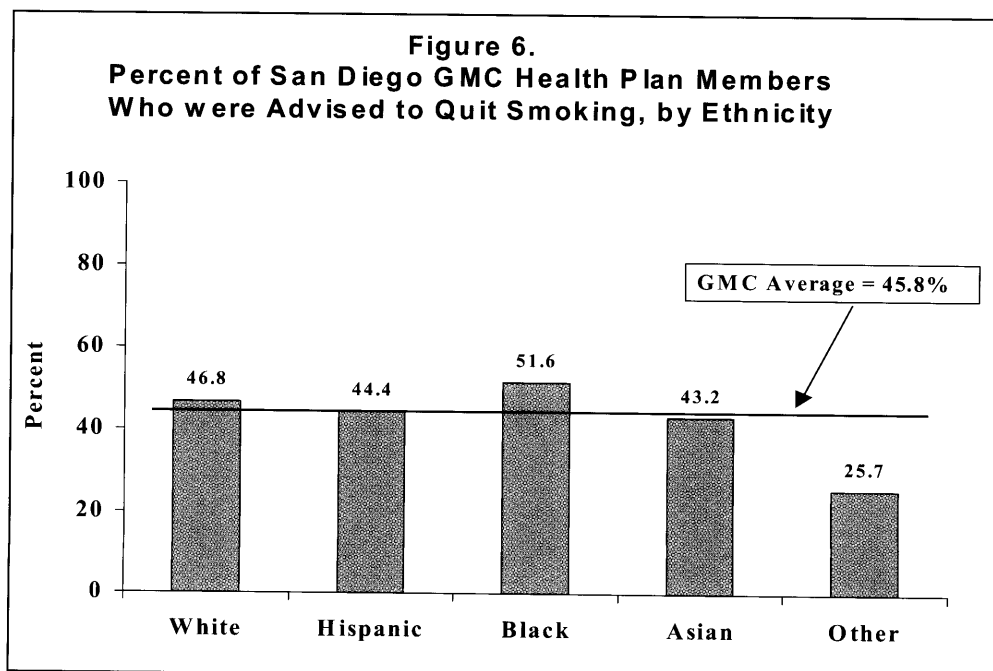


Table 14. Percent of Smokers Who Were Advised to Quit by Health Plan

Health Plan	Percent	N	%
2000 San Diego GMC Average		859	45.8
Kaiser (GMC-South)		116	51.7
Blue Cross of California (GMC-South)		116	49.1
Community Health Group (GMC-South)		108	49.1
Sharp Health Plan (GMC-South)		162	46.9
Health Net (GMC-South)		122	45.9
UCSD Health Plan (GMC-South)		124	40.3
Universal Care (GMC-South)		111	36.9
1999 COHS Average		488	45.9
Central Coast Alliance for Health		107	50.5
Partnership Health Plan of California		116	48.3
Santa Barbara Regional Health Authority		108	47.2
CalOPTIMA		90	41.1
Health Plan of San Mateo		67	38.8
1999 Commercial Plan Average		367	47.4
Blue Cross of California (CP)		79	50.6
Health Net (CP)		62	46.8
OMNI Healthcare (CP)		126	46.8
Molina Medical Centers (CP)		100	46.0
1999 GMC North Average		513	45.2
Western Health Advantage (GMC-North)		82	56.1
Kaiser (GMC-North)		125	48.8
Blue Cross of California (GMC-North)		108	47.2
Maxicare Health Plan (GMC-North)		46	41.3
OMNI Healthcare (GMC-North)		94	40.4
Health Net (GMC-North)		58	29.3
1999 Local Initiative Average		800	42.6
San Francisco Health Plan		81	55.6
Blue Cross of California		145	49.7
Kern Family Health Care		73	46.6
Santa Clara Family Health Plan		92	43.5
Contra Costa Health Plan		90	42.2
Inland Empire Health Plan		103	37.9
Alameda Alliance for Health		74	37.8
Health Plan of San Joaquin		98	34.7
L.A. Care Health Plan		44	25.0
1999 Medi-Cal Average		2,168	44.8



Comparison of Results for Adult and Child Surveys

The overall Medi-Cal ratings and composite scores for the adult and child surveys are presented in Figures 7 and 8 (page 41). The ratings and composite scores for the child survey are 3 to 11 percentage points higher than responses to the adult survey. The most noticeable differences are for *Getting Care Quickly* and *Getting Needed Care* (+11 and +9 percentage points higher for the child survey, respectively).

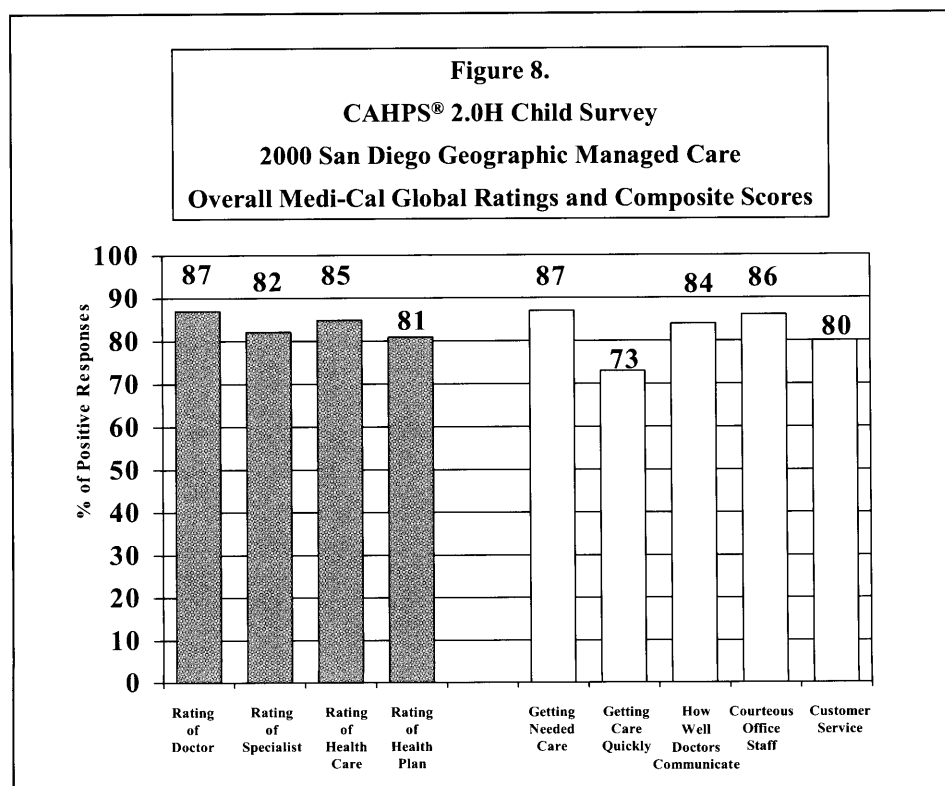
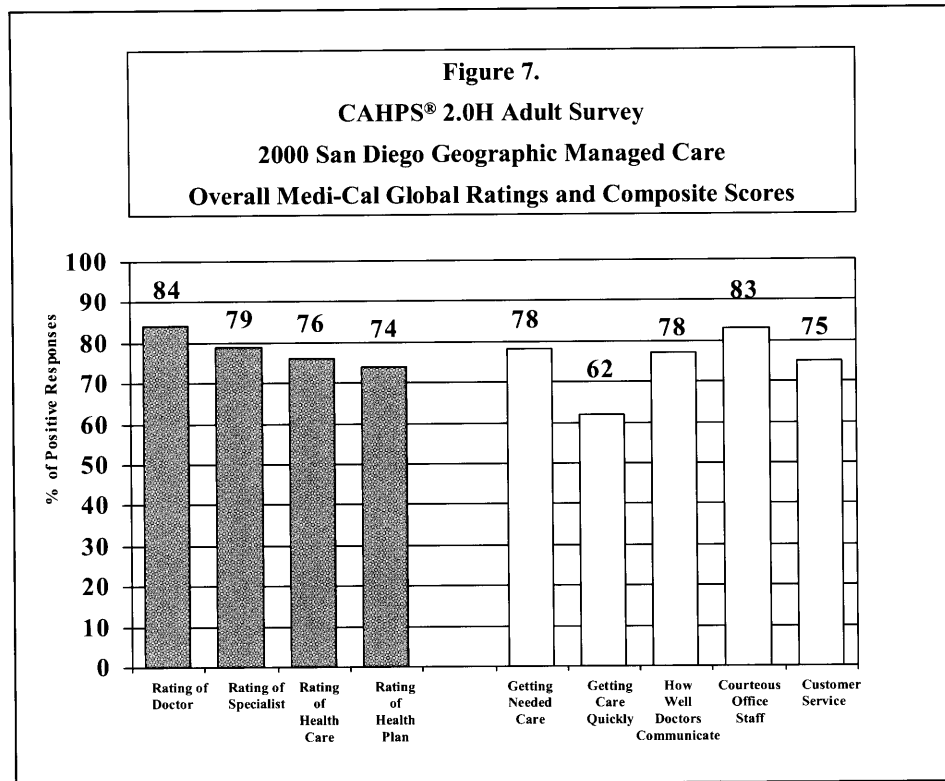
Table 15. Difference Between Child and Adult Scores

	Medi-Cal 2000 CAHPS® 2.0H Survey		Difference (Child - Adult)
	Child Scores (%)	Adult Scores (%)	Medi-Cal
Global			
Rating of Personal Doctor or Nurse	87	84	+3
Rating of Specialist	82	79	+3
Rating of All Health Care	85	76	+9
Rating of Health Plan	81	74	+7
Composite			
Getting Needed Care	87	78	+9
Getting Care Quickly	73	62	+11
How Well Doctors Communicate	84	78	+6
Courteous and Helpful Office Staff	86	83	+3
Customer Service	80	75	+5

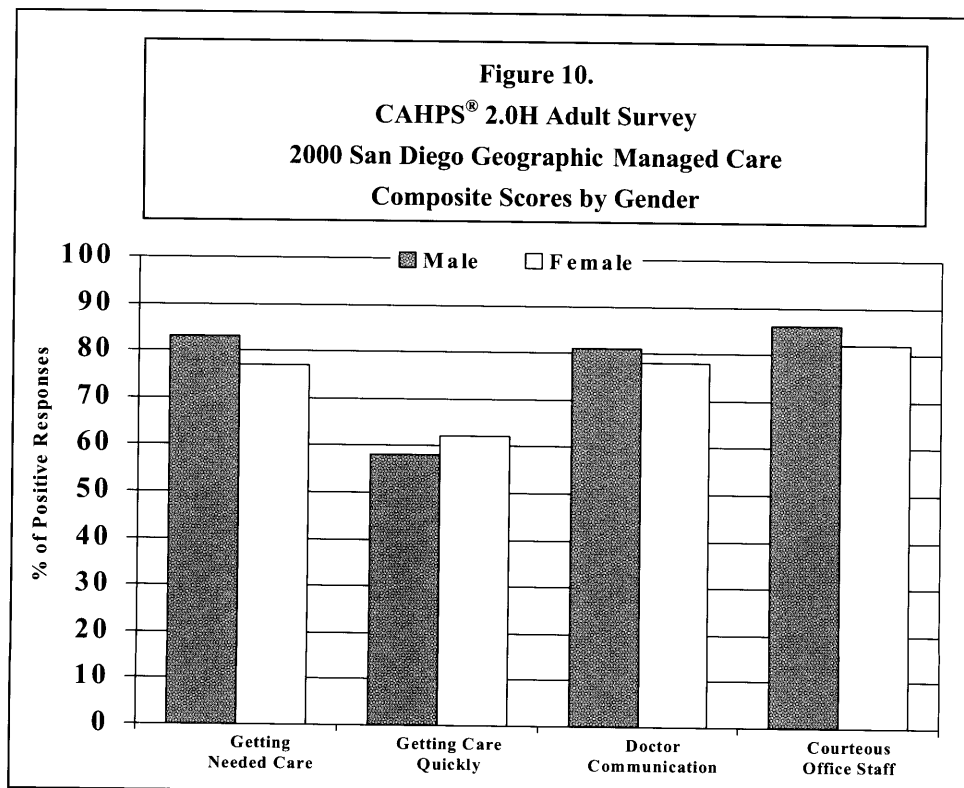
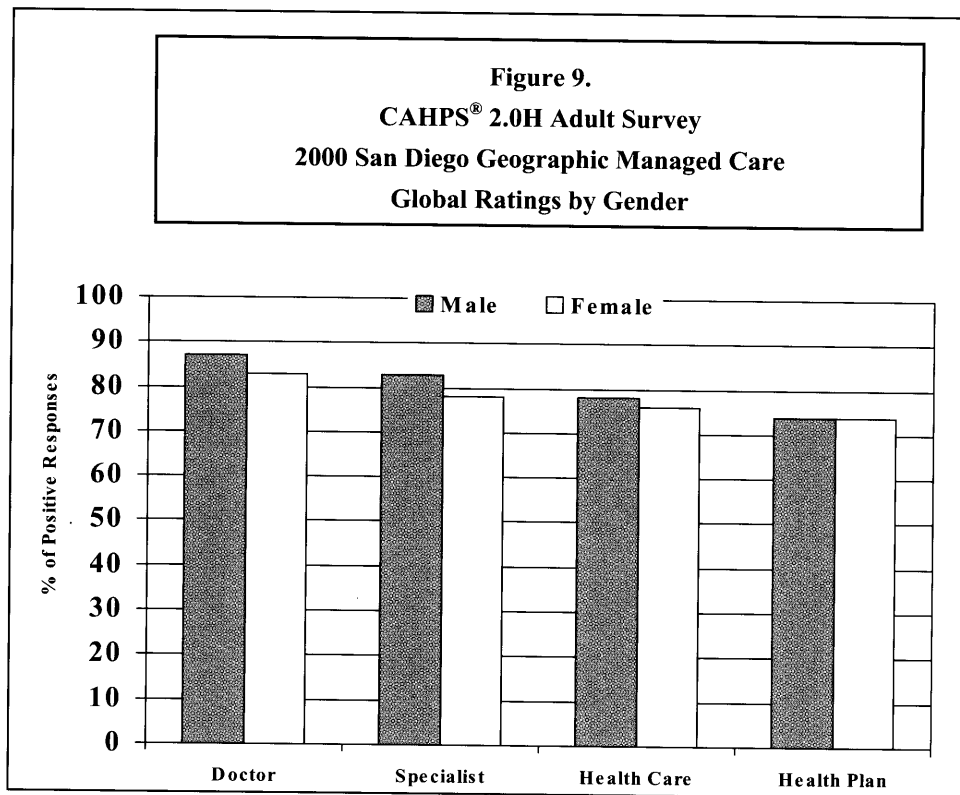
The adult survey responses are presented graphically in Figures 9 through 18, on pages 42-46. They are broken out by gender and ethnicity. Graphical representation of *Customer Service* is not provided due to its low volume of responses. Male respondents were more positive when rating their *Personal Doctor*, *Specialist*, and *Health Care* (Figures 9 and 10, page 42). In addition, male respondents were more favorable when asked about *Getting Needed Care*, *Doctor Communication*, and *Courteous Office Staff*. The only *composite* and *global* rating for which women were more likely than men to respond positively was about *Getting Care Quickly*. However, only 62 percent of the female respondents agreed they got care quickly while 57 percent of men agreed (a relatively low score for both).



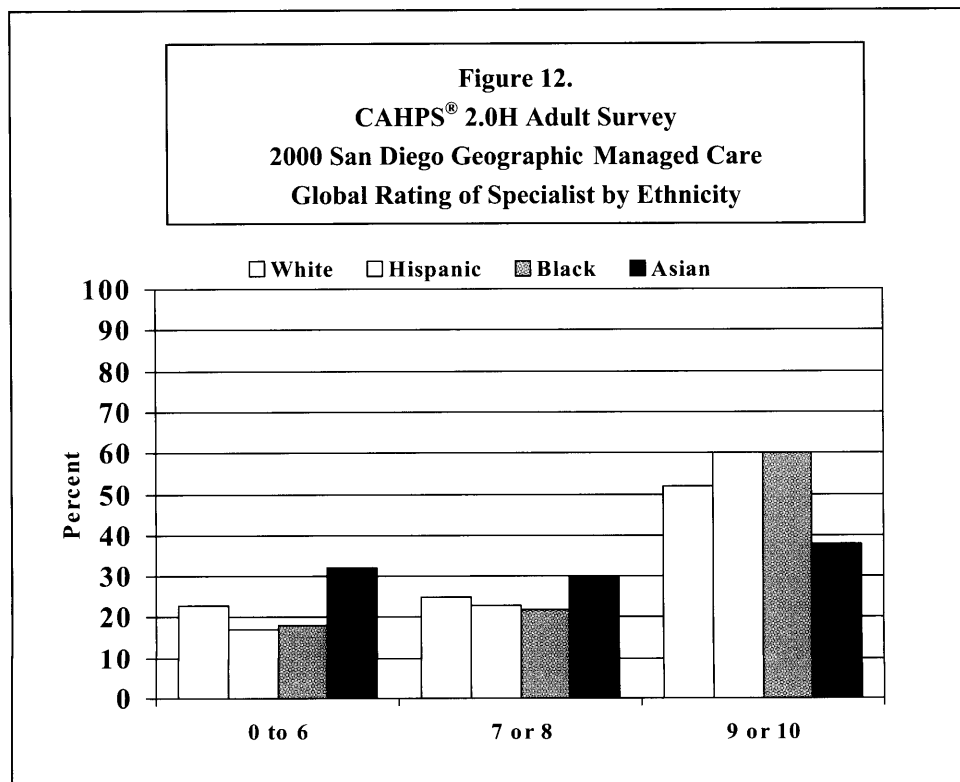
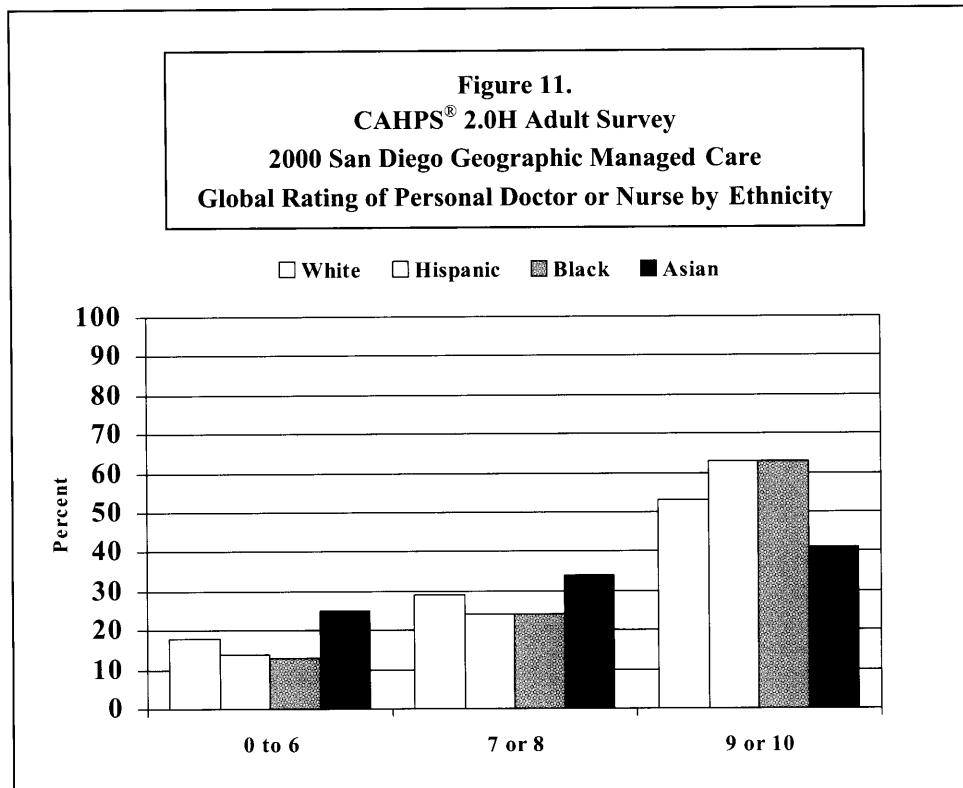
ADDITIONAL ANALYSES AND RESULTS



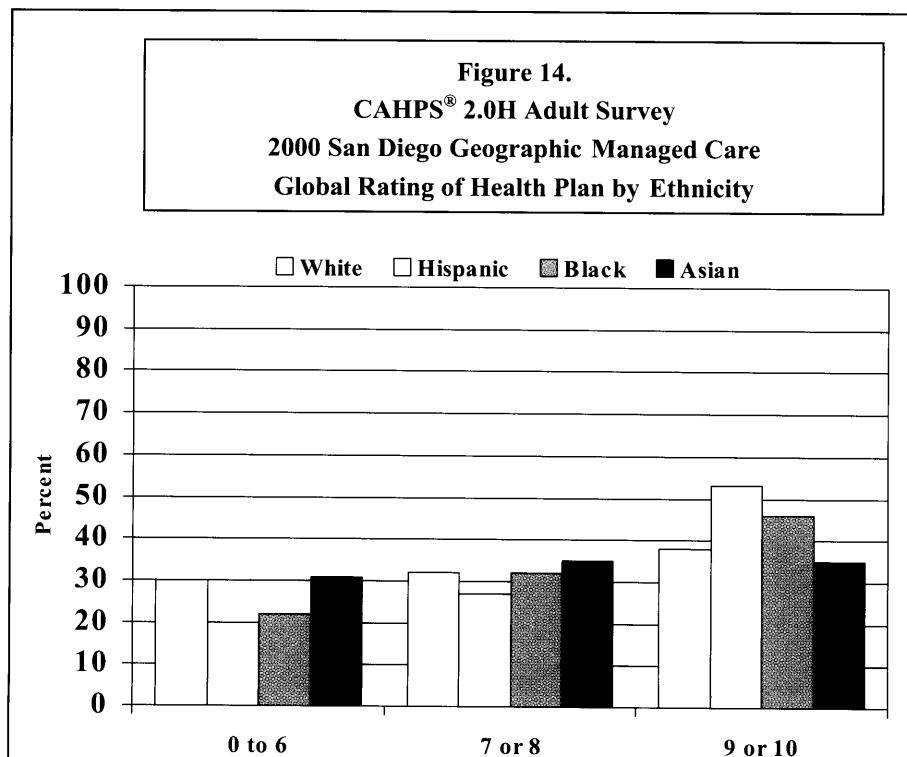
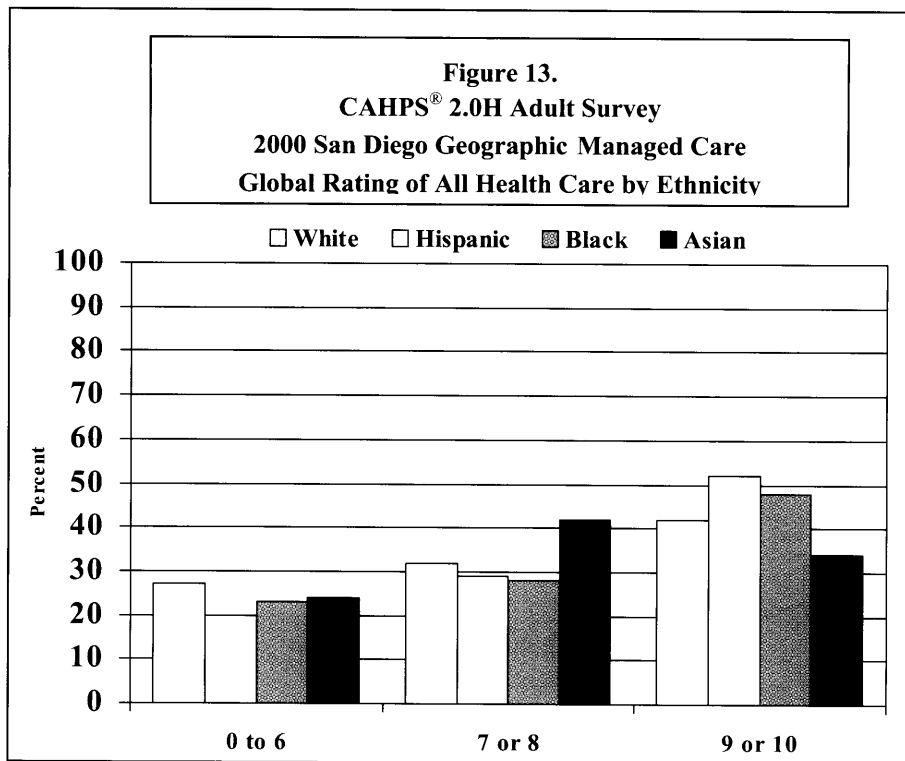
ADDITIONAL ANALYSES AND RESULTS (CONTINUED)



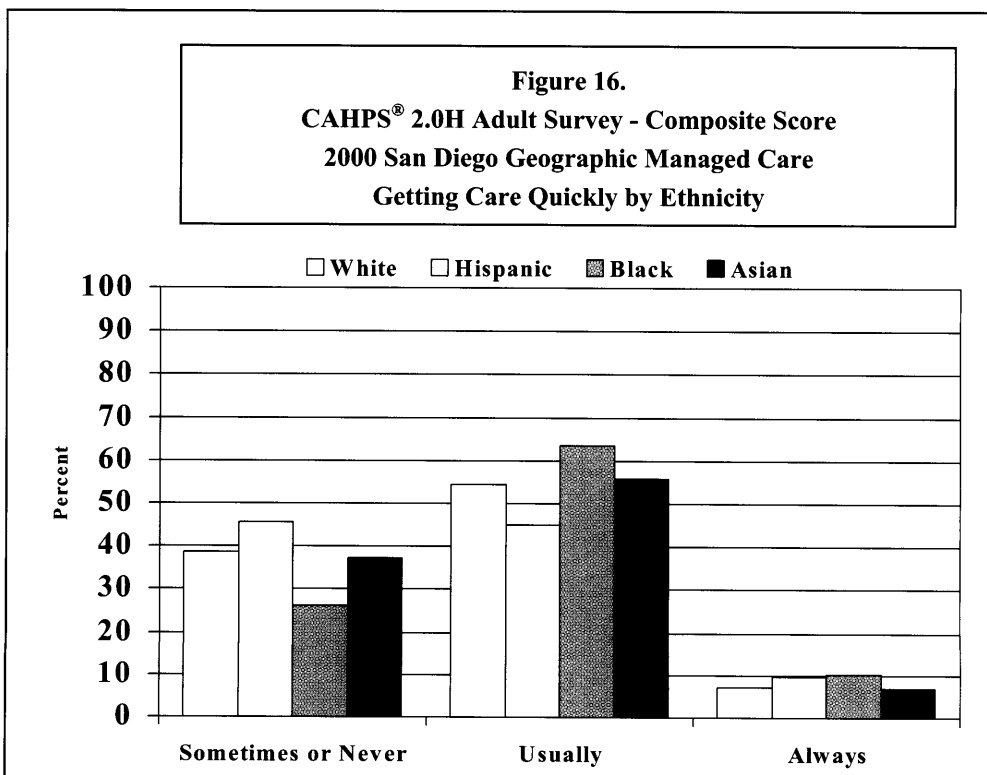
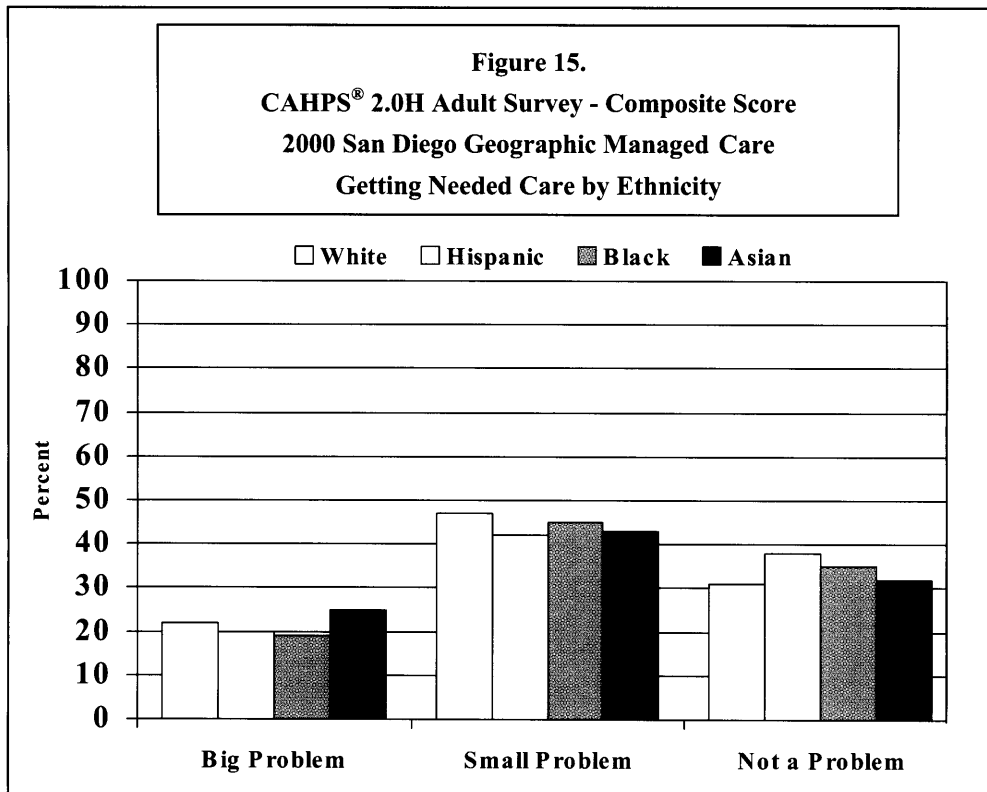
ADDITIONAL ANALYSES AND RESULTS (CONTINUED)



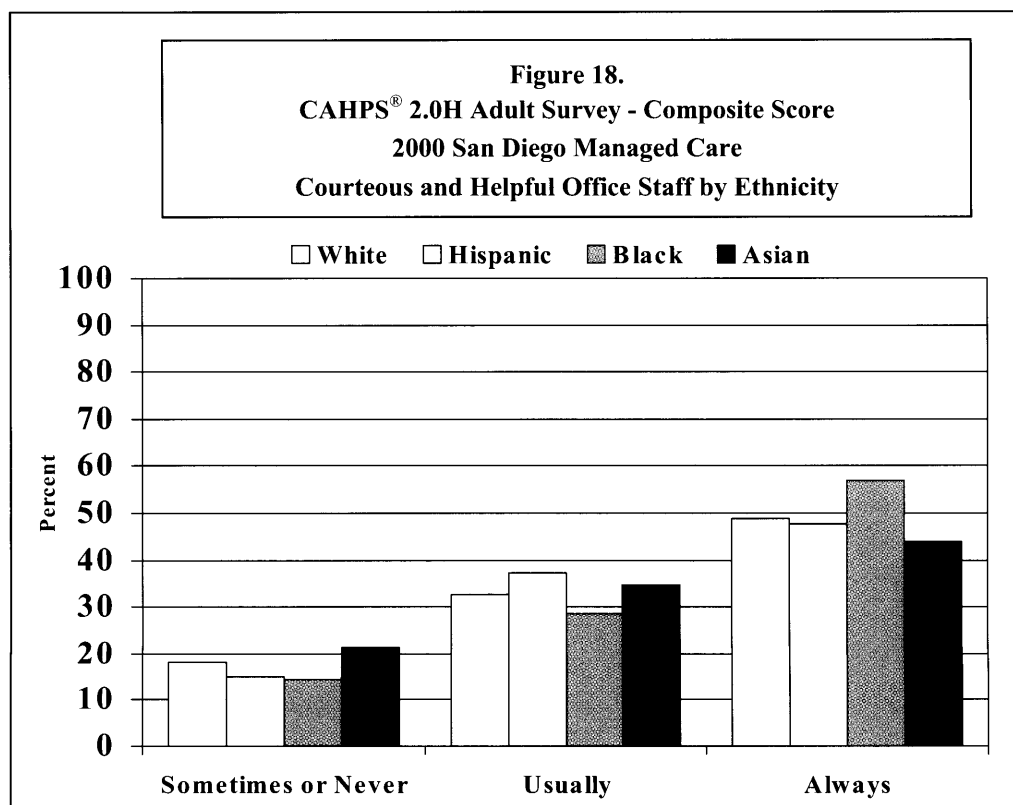
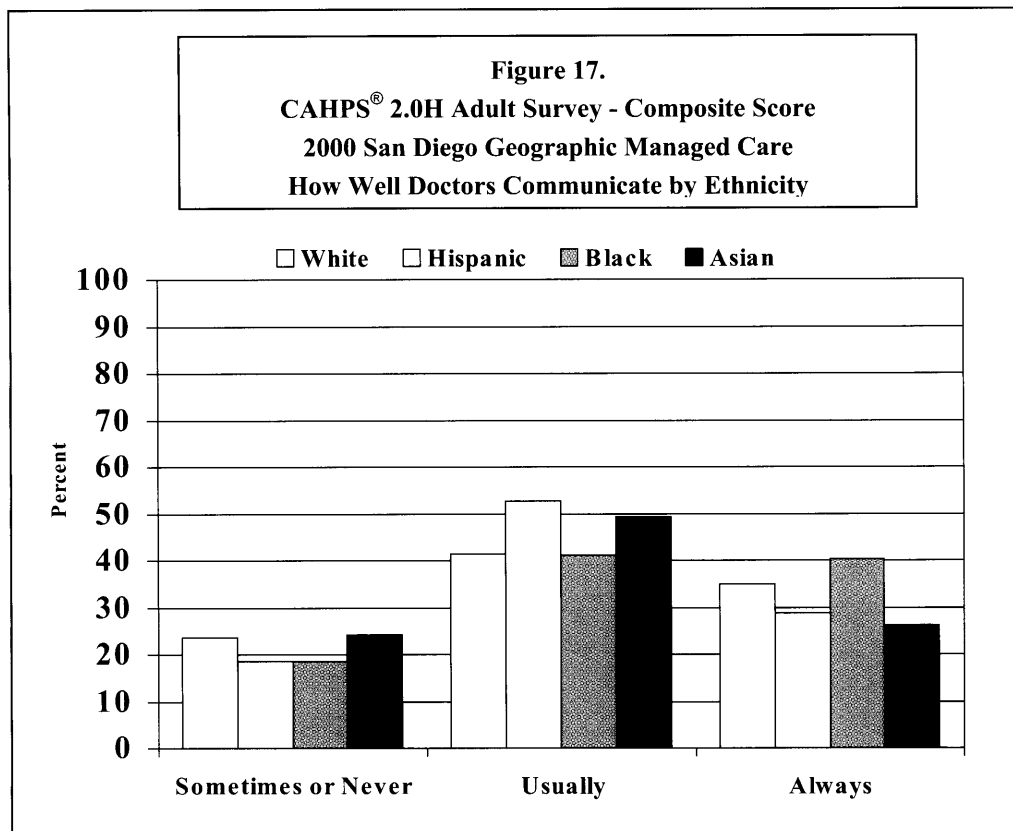
ADDITIONAL ANALYSES AND RESULTS (CONTINUED)



ADDITIONAL ANALYSES AND RESULTS (CONTINUED)



ADDITIONAL ANALYSES AND RESULTS (CONTINUED)



CHILD SURVEY RESULTS

Global Ratings

Tables 16 through 18 that follow on pages 48 through 50 present the child global ratings by health plan. Together, the four global rating questions are intended to reflect overall satisfaction.

Child Global Ratings
◆ Rating of Personal Doctor or Nurse
◆ Rating of Specialist
◆ Rating of All Health Care
◆ Rating of Health Plan

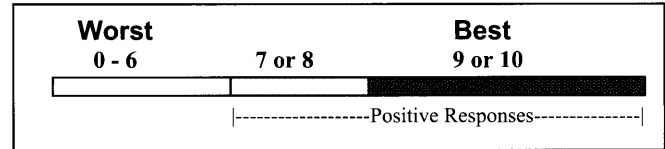
Each table includes the actual question that was asked in the survey. Responses are represented by a “worst to best scale” (worst 0-6 and best 7-10) for the global ratings. The percent with positive responses is a combination of all members that chose 7, 8, 9, or 10 as their answer.

Results are presented in tabular form with a listing of the health plans in descending order of performance based on favorable responses. The Medi-Cal San Diego GMC health plan average has been provided to facilitate individual health plan comparisons. Health plans with less than 100 respondents to a question are not displayed, following NCQA methodology. ***Rating of Specialist*** had less than 100 respondents by health plan and, therefore, is not presented. The aggregate results for ***Rating of Specialist*** can be found in Figure 8 on page 41.



Table 16. CAHPS® 2.0H – Child Survey – Global Rating of Personal Doctor or Nurse

Question #7: Use any number from 0 to 10 where 0 is the worst personal doctor or nurse possible, and 10 is the best personal doctor or nurse possible. How would you rate your child's personal doctor or nurse now?



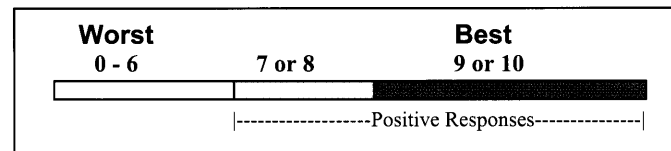
Name of Plan		% With Positive Responses*	Respondents
Kaiser Foundation Health Plan		92.5%	239
Sharp Health Plan		88.4%	250
UCSD Health Plan		88.1%	185
Community Health Group		87.0%	230
San Diego GMC Medi-Cal Plans		86.7%	1,390
Universal Care		83.7%	129
Health Net – GMC		83.1%	172
Blue Cross of California		80.5%	185
1999 Medi-Cal Average		83.9%	2,414

* Percent with positive responses are those members who answered the question with a 7, 8, 9 or 10.



Table 17. CAHPS® 2.0H – Child Survey – Global Rating of All Health Care

Question #36: Use any number from 0 to 10 where 0 is the worst health care possible, and 10 is the best health care possible. How would you rate all your child's health care?



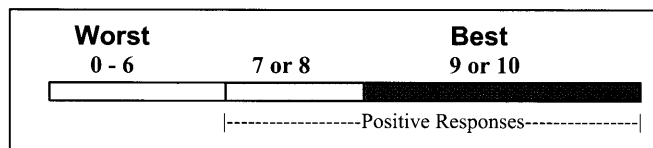
Name of Plan		% With Positive Responses*	Respondents
Kaiser Foundation Health Plan		93.4%	226
Sharp Health Plan		89.0%	273
Community Health Group		84.9%	272
San Diego GMC Medi-Cal Plans		84.5%	1,535
UCSD Health Plan		82.3%	209
Universal Care		80.7%	145
Health Net – GMC		80.6%	191
Blue Cross of California		77.2%	219
1999 Medi-Cal Average		80.2%	2,937

* Percent with positive responses are those members who answered the question with a 7, 8, 9 or 10.



Table 18. CAHPS® 2.0H – Child Survey – Global Rating of Health Plan

Question #60: Use any number from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your child's health plan now?



Name of Plan		% With Positive Responses*	Respondents
Kaiser Foundation Health Plan		92.1%	290
Sharp Health Plan		86.0%	342
Community Health Group		82.0%	372
UCSD Health Plan		81.8%	291
San Diego GMC Medi-Cal Plans		81.3%	2,030
Universal Care		76.3%	194
Blue Cross of California		74.0%	269
Health Net – GMC		73.5%	272
1999 Medi-Cal Average		76.6%	4,332

* Percent with positive responses are those members who answered the question with a 7, 8, 9 or 10.



CHILD SURVEY RESULTS

Composite Scores

The five composite scores summarize responses in key areas:

Child Composite Scores
♦ Getting Needed Care
♦ Getting Care Quickly
♦ How Well Doctors Communicate
♦ Courteous and Helpful Office Staff
♦ Customer Service

Tables 19 and 20 on pages 52 and 53 present the child composite scores. The composite scores comprise multiple questions that each have a response scale ranging from “never” to “always.” The percent with positive responses combines the two favorable responses, “usually” and “always.”

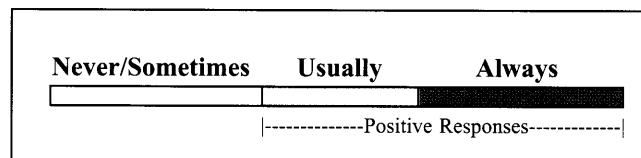
Results are presented in tabular form with a listing of the health plans in descending order of performance based on favorable responses. The Medi-Cal San Diego GMC average has been provided to facilitate individual health plan comparisons. Health plans with less than 100 respondents to a question are not displayed, following NCQA methodology. *Getting Needed Care, Getting Care Quickly* and *Customer Service* all had less than 100 respondents by health plan and, therefore, only aggregate results are provided. (Table 12 on page 33 and Figure 8 on page 41.)



Table 19. CAHPS® 2.0H – Child Survey – Courteous and Helpful Office Staff

Question #26: In the last 6 months, how often did office staff at your child's doctor's office or clinic treat you and your child with courtesy and respect?

Question #27: In the last 6 months, how often were office staff at your child's doctor's office or clinic as helpful as you thought they should be?



Name of Plan		% With Positive Responses*	Respondents
Kaiser Foundation Health Plan		95.6%	225
UCSD Health Plan		89.4%	207
Sharp Health Plan		89.0%	264
San Diego GMC Medi-Cal Plans		85.8%	1,502
Universal Care		83.8%	142
Blue Cross of California		83.2%	220
Community Health Group		82.0%	255
Health Net – GMC		75.1%	189
1999 Medi-Cal Average		83.8%	2,737

* Percent with positive responses combines the two favorable responses, “usually” and “always.”

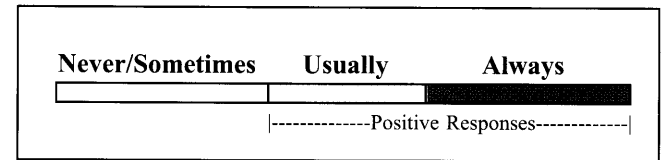


Table 20. CAHPS® 2.0H – Child Survey – How Well Doctors Communicate

Question #28: In the last 6 months, how often did your child’s doctors or other health providers listen carefully to you?

Question #31: In the last 6 months, how often did your child’s doctors or other health providers show respect for what you had to say?

Question #30: In the last 6 months, how often did your child’s doctors or other health providers explain things in a way you could understand?



Question #35: In the last 6 months, how often did doctors or other health providers spend enough time with your child?

Name of Plan		% With Positive Responses*	Respondents
Kaiser Foundation Health Plan		93.7%	222
Sharp Health Plan		86.2%	260
San Diego GMC Medi-Cal Plans		83.8%	1,472
UCSD Health Plan		83.0%	200
Universal Care		82.0%	139
Community Health Group		81.2%	256
Blue Cross of California		80.9%	215
Health Net – GMC		77.8%	180
1999 Medi-Cal Average		80.4%	2,836

* Percent with positive responses combines the two favorable responses, “usually” and “always.”



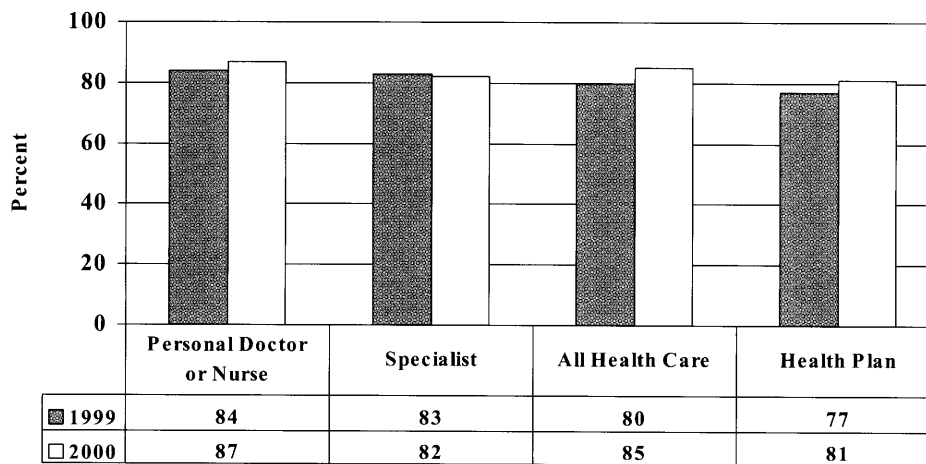
Comparison Between 1999 and 2000 CAHPS® for Child Survey Scores

The results of the Medi-Cal CAHPS® 2.0H child survey for both 1999 and 2000 are presented below. None of the scores differ by more than five percentage points. Respondents to the child survey in 2000 were slightly more favorable overall, with the exception of the *Rating of the Specialist*.

Child Global Scores

Eighty-four percent of the respondents in 1999 and 87 percent in 2000 felt that their child's personal provider was the *best to very best*. When asked to rate their child's specialists, 83 percent in 1999 and 82 percent in 2000 felt that they were the *best to very best*. Eighty percent of the respondents in 1999 and 85 percent in 2000 felt their child was getting the *best to very best* healthcare possible; and 77 percent in 1999 and 81 percent in 2000 felt that their child's health plan was the *best to very best* possible.

Figure 19.
CAHPS® 2.0H Child Survey
Global Rating Scores
Percent of Positive Responses (7, 8, 9 & 10)

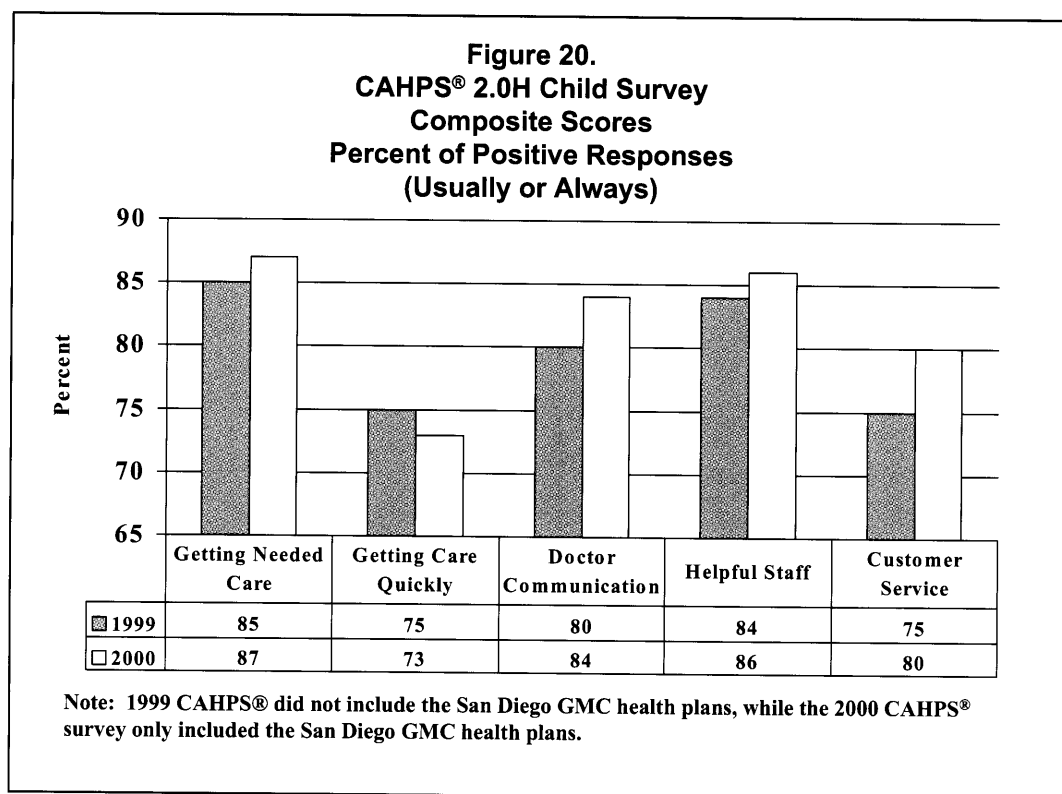


Note: 1999 CAHPS® did not include the San Diego GMC health plans, while the 2000 CAHPS® survey only included the San Diego GMC health plans.



Child Composite Scores

Eighty-five percent of the respondents in 1999 and 87 percent in 2000 felt that getting needed care for their child was either not a problem or only a small problem. In 1999, 75 percent of respondents in 2000 felt their child *usually or always* received care quickly as compared to 73 percent. Eighty percent of respondents in 1999 and 84 percent in 2000 felt their child's personal provider *usually or always* communicated well. In 1999, 84 percent of the respondents felt that the office staff was *usually or always* helpful, as compared 86 percent in 2000. Customer service was rated favorably by 75 percent of the respondents in 1999 and 80 percent of the respondents in 2000.



In both years, the child global ratings and composite scores were above 70 percent, and most of the scores were above 80 percent. The rates between the two years for each measure did not vary by more than five percentage points.



COMPARATIVE BENCHMARKING - ADULT SURVEY RESULTS

The methodology that is recommended by the NCQA for both the child and the adult surveys is the three-point scale method where the responses are placed in three categories. In the five key areas that have been evaluated through composite scores, the responses were assigned values of one to three with the following interpretations for each value.

Interpretation of Composite Score Values

Response	Value
Always	3
Not a Problem	3
Usually	2
A Small Problem	2
Sometimes or Never	1
A Big Problem	1

In the evaluation of the overall satisfaction of enrollees as measured by the four global ratings, the results were compiled on a scale from 0 to 10, where 0 meant the worst case and 10 meant the best possible case. However, to conform to the three-point scale used for the composite scores, the results were re-grouped in the following three categories.

Interpretation of Global Rating Values

Global Ratings	Value
Responses 9 – 10	3
Responses 7 – 8	2
Responses 0 - 6	1

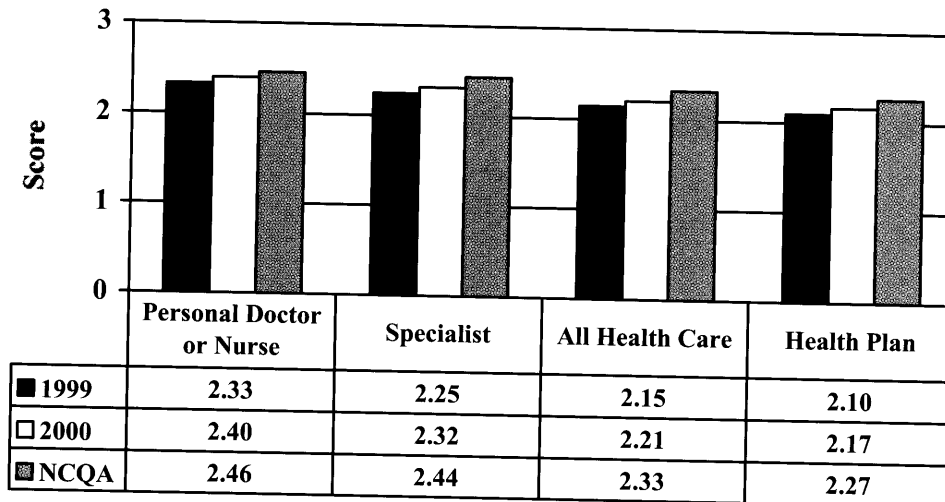
In the health plan specific comparisons of global and composite results presented earlier in this report, performance was evaluated based on the percent of respondents with favorable results (combination of values two and three). This was done to facilitate easy and clear interpretation of the results. However, the CAHPS[®] 2.0H National Medicaid Benchmarks for the year 2000 (adult population) have been made available in the raw format as an average of the value assigned to each response. For example a health plan score of 2.6 would be the average of all the values that were recorded for the measure. For the purpose of comparing the Medi-Cal results with the national benchmarks, the health plan results for the adult survey have been presented in this format in Figures 21 and 22 on page 57 and Tables 20 and 21 on pages 58-59.

The benchmark presented is the 50th percentile of the results. An explanation of the use of the 50th percentile is provided through the following example: For the composite ***Getting Needed Care***, the 50th percentile of the 1999 CAHPS[®] 2.0H National Medicaid Results was 2.63. This means that half of the health plans reported results lower than this value and half of the health plans reported results higher than this value. In other words, 2.63 is the median value of the distribution of all reported results.



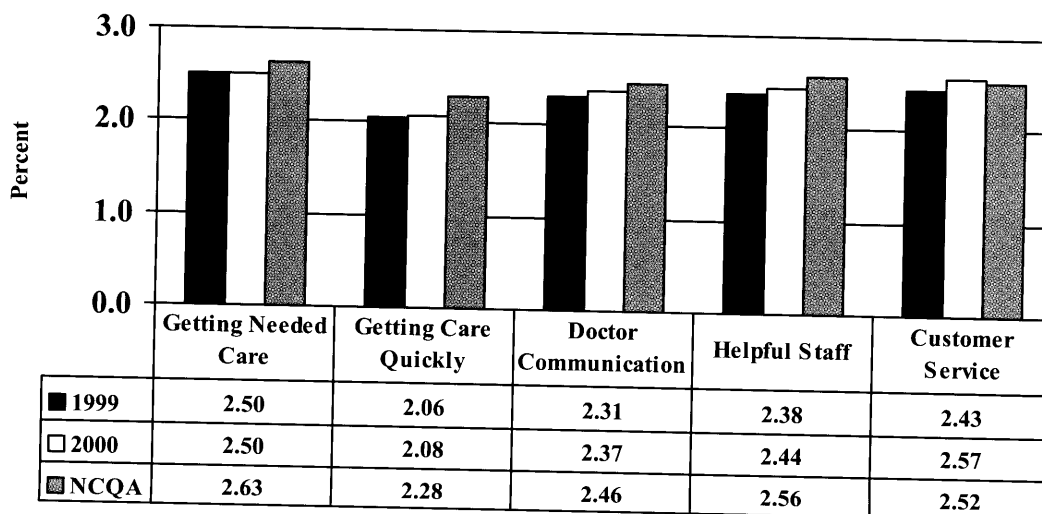
A summary of the Medi-Cal San Diego GMC adult survey average results in 2000 and the Medi-Cal average results in 1999 for the different composites is presented in Figures 21 and 22.

Figure 21.
CAHPS® 2.0H Adult Survey - Global Rating Scores
2000 San Diego Geographic Managed Care



Note: 1999 CAHPS® did not include the seven San Diego GMC health plans, while the 2000 CAHPS® survey included only the seven San Diego GMC health plans.

Figure 22.
CAHPS® 2.0H Adult Survey - Composite Scores
2000 San Diego Geographic Managed Care



Note: 1999 CAHPS® did not include the seven San Diego GMC health plans, while the 2000 CAHPS® survey included only the seven San Diego GMC health plans.



Table 20. Comparative Benchmarking – Adult Survey

	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Courteous & Helpful Office Staff	Customer Service	Rating of Personal Doctor/ Nurse	Rating of Specialist	Rating of All other Doctors/Other Health Providers	Rating for Health Plan
Blue Cross of California	NA	NA	2.32	2.39	NA	2.27	2.12	2.09	2.05
Community Health Group	NA	1.96	2.33	2.33	NA	2.45	2.32	2.19	2.16
Health Net – GMC	NA	NA	2.36	2.45	NA	2.35	2.40	2.15	2.03
Kaiser Foundation Health Plan	2.79	2.32	2.51	2.65	NA	2.49	2.42	2.42	2.41
Sharp Health Plan	NA	2.08	2.34	2.37	NA	2.32	2.32	2.19	2.22
Universal Care	NA	NA	2.31	2.42	NA	2.44	2.31	2.16	2.08
UCSD Health Plan	NA	2.03	2.40	2.45	NA	2.49	2.34	2.25	2.21
1999 Medi-Cal Average	2.50	2.06	2.31	2.38	2.43	2.33	2.25	2.15	2.10
San Diego GMC Plan 2000 Average	2.50	2.08	2.37	2.44	2.57	2.40	2.32	2.21	2.17
HEDIS 1999 National Medicaid Benchmark (50th Percentile)	2.63	2.28	2.46	2.56	2.52	2.46	2.44	2.33	2.27

Note: NA indicates those Health Plans with less than 100 respondents to the questions, following NCQA methodology.



Table 21. Comparative Benchmarking – Child Survey

	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Courteous & Helpful Office Staff	Customer Service	Rating of Personal Doctor/ Nurse	Rating of All other Doctors/Other Health Providers	Rating for Health Plan
Blue Cross of California	NA	NA	2.39	2.41	NA	2.37	2.29	2.20
Community Health Group	NA	NA	2.38	2.38	NA	2.53	2.42	2.37
Health Net – GMC	NA	NA	2.41	2.34	NA	2.37	2.30	2.20
Kaiser Foundation Health Plan	NA	NA	2.70	2.74	NA	2.64	2.64	2.64
Sharp Health Plan	NA	NA	2.48	2.47	NA	2.46	2.48	2.44
Universal Care	NA	NA	2.43	2.44	NA	2.38	2.34	2.23
UCSD Health Plan	NA	NA	2.43	2.52	NA	2.50	2.34	2.35
San Diego GMC Plan Medi-Cal 2000 Average	NA	NA	2.46	2.47	NA	2.46	2.40	2.35
HEDIS® 1999 National Medicaid Benchmark (50th Percentile)	2.63	2.28	2.46	2.56	2.52	2.46	2.33	2.27

Note: NA indicates those Health Plans with less than 100 respondents to the questions, following NCQA methodology.



Appendix A

CAHPS® 2.0H Adult Survey



CAHPS® 2.0H Adult Questionnaire (MEDICAID)

SURVEY INSTRUCTIONS

- ◆ Answer all the questions by checking the box to the left of your answer.
- ◆ You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

☒ Yes → ***Go to Question 1***

☐ No

{This box should be placed on the Cover Page}

All information that would let someone identify you or your family will be kept private. {VENDOR NAME} will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.

If you want to know more about this study, please call XXX.

1. Our records show that you are now in {Health Plan Name/State Medicaid Program Name}. Is that right?

☐ Yes → Go to Question 3
☐ No → Go to Question 2

2. What is the name of your health plan?
(please print)
-

YOUR PERSONAL DOCTOR OR NURSE

The next questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

3. A personal doctor or nurse is the health provider who knows you best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant.

When you joined your health plan or at any time since then, did you get a new personal doctor or nurse?

☐ Yes → Go to Question 4
☐ No → Go to Question 5

4. With the choices your health plan gave you, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?

☐ A big problem
☐ A small problem
☐ Not a problem
☐ I didn't get a new personal doctor or nurse.

5. Do you have one person you think of as your personal doctor or nurse?

☐ Yes → Go to Question 6
☐ No → Go to Question 7

6. We want to know your rating of your personal doctor or nurse.

Use any number from 0 to 10 where 0 is the worst personal doctor or nurse possible, and 10 is the best personal doctor or nurse possible. How would you rate your personal doctor or nurse now?

- ☐ 0 Worst personal doctor or nurse possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best personal doctor or nurse possible
- ☐ I don't have a personal doctor or nurse.

Option: Insert additional questions about personal doctor or nurse here.

GETTING HEALTH CARE
FROM A SPECIALIST

When you answer the next questions, do not include dental visits.

7. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

In the last 6 months, did you or a doctor think you needed to see a specialist?

- ☐ Yes → Go to Question 8
- ☐ No → Go to Question 9

8. In the last 6 months, how much of a problem, if any, was it to get a referral to a specialist that you needed to see?

- ☐ A big problem
- ☐ A small problem
- ☐ Not a problem
- ☐ I didn't need to see a specialist in the last 6 months.

9. In the last 6 months, did you see a specialist?

- ☐ Yes → Go to Question 10
- ☐ No → Go to Question 12

10. We want to know your rating of the specialist you saw most often in the last 6 months, including a personal doctor if he or she was a specialist.

Use any number from 0 to 10 where 0 is the worst specialist possible, and 10 is the best specialist possible. How would you rate the specialist?

- ☐ 0 Worst specialist possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best specialist possible
- ☐ I didn't see a specialist in the last 6 months.

11. In the last 6 months, was the specialist you saw most often the same doctor as your personal doctor?

- ☐ Yes
- ☐ No
- ☐ I don't have a personal doctor or I didn't see a specialist in the last 6 months.

Option: Insert additional questions about specialist care here.

CALLING DOCTORS' OFFICES

12. In the last 6 months, did you call a doctor's office or clinic during regular office hours to get help or advice for yourself?

- ☐ Yes → Go to Question 13
- ☐ No → Go to Question 14

13. In the last 6 months, when you called during regular office hours, how often did you get the help or advice you needed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I didn't call for help or advice during regular office hours in the last 6 months.

**YOUR HEALTH CARE IN
THE LAST 6 MONTHS**

14. A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else you would see for health care.
- In the last 6 months, did you make any appointments with a doctor or other health provider for regular or routine health care?
- ☐ Yes → Go to Question 15
☐ No → Go to Question 17
15. In the last 6 months, how often did you get an appointment for regular or routine health care as soon as you wanted?
- ☐ Never
☐ Sometimes
☐ Usually
☐ Always
☐ I didn't need an appointment for regular or routine care in the last 6 months.
16. In the last 6 months, how many days did you usually have to wait between making an appointment for regular or routine care and actually seeing a provider?
- ☐ Same day
☐ 1 day
☐ 2-3 days
☐ 4-7 days
☐ 8-14 days
☐ 15-30 days
☐ 31 days or longer
☐ I didn't need an appointment for regular or routine care in the last 6 months.

17. In the last 6 months, did you have an illness or injury that needed care right away from a doctor's office, clinic, or emergency room?
- ☐ Yes → Go to Question 18
☐ No → Go to Question 20
18. In the last 6 months, when you needed care right away for an illness or injury, how often did you get care as soon as you wanted?
- ☐ Never
☐ Sometimes
☐ Usually
☐ Always
☐ I didn't need care right away for an illness or injury in the last 6 months.
19. In the last 6 months, how long did you usually have to wait between trying to get care and actually seeing a provider for an illness or injury?
- ☐ Same day
☐ 1 day
☐ 2 days
☐ 3 days
☐ 4-7 days
☐ 8-14 days
☐ 15 days or longer
☐ I didn't need care right away for an illness or injury in the last 6 months.
20. In the last 6 months, how many times did you go to an emergency room to get care for yourself?
- ☐ None
_____ Number of times (Write in.)

21. In the last 6 months (not counting times you went to an emergency room), how many times did you go to a doctor's office or clinic to get care for yourself?

- ☐ None → Go to Question 33
- ☐ 1 → Go to Question 22
- ☐ 2 → Go to Question 22
- ☐ 3 → Go to Question 22
- ☐ 4 → Go to Question 22
- ☐ 5 to 9 → Go to Question 22
- ☐ 10 or more → Go to Question 22

22. In the last 6 months, how much of a problem, if any, was it to get the care you or a doctor believed necessary?

- ☐ A big problem
- ☐ A small problem
- ☐ Not a problem
- ☐ I had no visits in the last 6 months.

23. In the last 6 months, how much of a problem, if any, were delays in health care while you waited for approval from your health plan?

- ☐ A big problem
- ☐ A small problem
- ☐ Not a problem
- ☐ I had no visits in the last 6 months.

24. In the last 6 months, how often did you wait in the doctor's office or clinic more than 15 minutes past your appointment time to see the person you went to see?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no visits in the last 6 months.

25. In the last 6 months, how often did office staff at a doctor's office or clinic treat you with courtesy and respect?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no visits in the last 6 months.

26. In the last 6 months, how often were office staff at a doctor's office or clinic as helpful as you thought they should be?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no visits in the last 6 months.

27. In the last 6 months, how often did doctors or other health providers listen carefully to you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no visits in the last 6 months.

28. In the last 6 months, how often did you have a hard time speaking with or understanding a doctor or other health providers because you spoke different languages?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no visits in the last 6 months.

29. In the last 6 months, how often did doctors or other health providers explain things in a way you could understand?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no visits in the last 6 months.

30. In the last 6 months, how often did doctors or other health providers show respect for what you had to say?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no visits in the last 6 months.

31. In the last 6 months, how often did doctors or other health providers spend enough time with you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no visits in the last 6 months.

32. We want to know your rating of all your health care in the last 6 months from all doctors and other health providers.

Use any number from 0 to 10 where 0 is the worst health care possible, and 10 is the best health care possible. How would you rate all your health care?

- ☐ 0 Worst health care possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best health care possible
- ☐ I had no visits in the last 6 months.

33. An interpreter is someone who repeats or signs what one person says in a language used by another person.

In the last 6 months, did you need an interpreter to help you speak with doctors or other health providers?

- ☐ Yes → Go to Question 34
- ☐ No → Go to Question 35

34. In the last 6 months, when you needed an interpreter to help you speak with doctors or other health providers, how often did you get one?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no visits in the last 6 months or I didn't need an interpreter in the last 6 months.

Option: Insert additional questions about general health care here.

YOUR HEALTH PLAN

The next questions ask about your experience with your health plan.

35. Some states pay health plans to care for people covered by {Medicaid}. With these health plans, you may have to choose a doctor from the plan list or go to a clinic or health care center on the plan list.

Are you covered by a health plan like this?

- ☐ Yes → Go to Question 36
- ☐ No → Go to Question 41

36. Is this the health plan you use for all or most of your health care?

- ☐ Yes
- ☐ No

37. How many months or years in a row have you been in this health plan?

- ☐ Less than 6 months
- ☐ 6 up to 12 months
- ☐ 12 up to 24 months
- ☐ 2 up to 5 years
- ☐ 5 up to 10 years
- ☐ 10 or more years

38. Did you choose your health plan or were you told which plan you were in?

- ☐ I chose my plan.
- ☐ I was told which plan I was in.

39. You can get information about plan services in writing, by telephone, or in person.

Did you get any information about your health plan before you signed up for it?

- ☐ Yes → Go to Question 40
☐ No → Go to Question 41

40. How much of the information you were given before you signed up for the plan was correct?

- ☐ All of it
☐ Most of it
☐ Some of it
☐ None of it
☐ I didn't get any information about my health plan.

41. In the last 6 months, did you look for any information in written materials from your health plan?

- ☐ Yes → Go to Question 42
☐ No → Go to Question 43

42. In the last 6 months, how much of a problem, if any, was it to find or understand information in the written materials?

- ☐ A big problem
☐ A small problem
☐ Not a problem
☐ I didn't look for information from my health plan in the last 6 months.

43. In the last 6 months, did you call your health plan's customer service to get information or help?

- ☐ Yes → Go to Question 44
☐ No → Go to Question 45

44. In the last 6 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?

- ☐ A big problem
☐ A small problem
☐ Not a problem
☐ I didn't call my health plan's customer service in the last 6 months.

45. In the last 6 months, have you called or written your health plan with a complaint or problem?

- ☐ Yes → Go to Question 46
☐ No → Go to Question 48

46. How long did it take for the health plan to resolve your complaint?

- ☐ Same day → Go to Question 47
☐ 2-7 days → Go to Question 47
☐ 8-14 days → Go to Question 47
☐ 15-21 days → Go to Question 47
☐ More than 21 days → Go to Question 47
☐ I am still waiting for it to be settled → Go to Question 48
☐ I haven't called or written with a complaint or problem in the last 6 months. → Go to Question 48

47. Was your complaint or problem settled to your satisfaction?

- ☐ Yes
☐ No
☐ I am still waiting for it to be settled
☐ I haven't called or written with a complaint or problem in the last 6 months.

48. Paperwork means things like getting your ID card, having your records changed, processing forms, or other paperwork related to getting care.

In the last 6 months, did you have any experiences with paperwork for your health plan?

- ☐ Yes → Go to Question 49
☐ No → Go to Question 50

49. In the last 6 months, how much of a problem, if any, did you have with paperwork for your health plan?

- ☐ A big problem
☐ A small problem
☐ Not a problem
☐ I didn't have any experience with paperwork for my health plan in the last 6 months.

50. We want to know your rating of all your experience with your health plan.

Use any number from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your health plan now?

- ☐ 0 Worst health plan possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 Best health plan possible

Option: Insert additional questions about the health plan here.

ABOUT YOU

51. In general, how would you rate your overall health now?

- ☐ Excellent
☐ Very good
☐ Good
☐ Fair
☐ Poor

52. Have you ever smoked at least 100 cigarettes in your entire life?

- ☐ Yes → Go to Question 53
☐ No → Go to Question 56
☐ Don't Know → Go to Question 56

53. Do you now smoke every day, some days or not at all?

- ☐ Every day → Go to Question 55
☐ Some days → Go to Question 55
☐ Not at all → Go to Question 54
☐ Don't Know → Go to Question 56

54. How long has it been since you quit smoking cigarettes?

- ☐ 6 months or less → Go to Question 55
☐ More than 6 months → Go to Question 56
☐ Don't Know → Go to Question 56

55. In the last 6 months, on how many visits were you advised to quit smoking by a doctor or other health provider in your plan?

- ☐ None
☐ 1 visit
☐ 2 to 4 visits
☐ 5 to 9 visits
☐ 10 or more visits
☐ I had no visits in the last 6 months.

56. What is your age now?

- ☐ 18 to 24
- ☐ 25 to 34
- ☐ 35 to 44
- ☐ 45 to 54
- ☐ 55 to 64
- ☐ 65 to 74
- ☐ 75 or older

57. Are you male or female?

- ☐ Male
- ☐ Female

58. What is the highest grade or level of school that you have completed?

- ☐ 8th grade or less
- ☐ Some high school, but did not graduate
- ☐ High school graduate or GED
- ☐ Some college or 2-year degree
- ☐ 4-year college graduate
- ☐ More than 4-year college degree

59. Are you of Hispanic or Latino origin or descent?

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

60. What is your race? Please mark one or more.

- ☐ White
- ☐ Black or African-American
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ American Indian or Alaska Native

61. What language do you mainly speak at home?

- ☐ English
 - ☐ Spanish
 - ☐ Some other language (please print)
-

62. Did someone help you complete this survey?

- ☐ Yes → Go to Question 63
- ☐ No → Please return the survey in the postage paid envelope

63. How did that person help you?

(Check all that apply)

- ☐ Read the questions to me.
 - ☐ Wrote down the answers I gave.
 - ☐ Answered the questions for me.
 - ☐ Translated the questions into my language.
 - ☐ Helped in some other way (please print).
-

Option: Insert other member specific or other general questions here.

THANK YOU

Please return the completed survey in the postage paid envelope

Appendix B

CAHPS® 2.0H Child Survey



CAHPS® 2.0H Child Questionnaire (MEDICAID)

SURVEY INSTRUCTIONS

- ◆ Answer all the questions by checking the box to the left of your answer.
- ◆ You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

☒ Yes → *Go to Question 1*

☐ No

{This box should be placed on the Cover Page}

All information that would let someone identify you or your family will be kept private. {VENDOR NAME} will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.

If you want to know more about this study, please call XXX.

Please answer the questions for the child listed on the envelope. Please do not answer for any other children.

1. Our records show that your child is now in {Health Plan Name/State Medicaid Program Name}. Is that right?

☐ Yes → Go to Question 3

☐ No → Go to Question 2

2. What is the name of your child's health plan? (please print)
- _____

YOUR CHILD'S PERSONAL DOCTOR OR NURSE

The next questions ask about your child's health care. Do not include care your child got when he or she stayed overnight in a hospital. Do not include the times your child went for dental care visits.

3. A personal doctor or nurse is the health provider who knows your child best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant.

When your child joined this health plan or at any time since then, did he or she get a new personal doctor or nurse?

☐ Yes → Go to Question 4

☐ No → Go to Question 5

4. With the choices your child's health plan gave you, how much of a problem, if any, was it to get a personal doctor or nurse for your child you are happy with?

☐ A big problem

☐ A small problem

☐ Not a problem

☐ I didn't get a new personal doctor or nurse for my child.

5. Do you have one person you think of as your child's personal doctor or nurse? If your child has more than one personal doctor or nurse, choose the person your child sees most often.

☐ Yes → Go to Question 6

☐ No → Go to Question 8

6. In the last 6 months, when your child went to his or her personal doctor or nurse's office or clinic, how often did the doctor or nurse talk with you about how your child is feeling, growing, and behaving?

- ☐ Never
☐ Sometimes
☐ Usually
☐ Always
☐ My child doesn't have a personal doctor or nurse.

7. We want to know your rating of your child's personal doctor or nurse. If your child has more than one personal doctor or nurse, choose the person your child sees most often.

Use any number from 0 to 10 where 0 is the worst personal doctor or nurse possible, and 10 is the best personal doctor or nurse possible. How would you rate your child's personal doctor or nurse now?

- ☐ 0 Worst personal doctor or nurse possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 Best personal doctor or nurse possible
☐ My child doesn't have a personal doctor or nurse.

Option: Insert additional questions about personal doctor or nurse here.

GETTING HEALTH CARE FROM A SPECIALIST

When you answer the next questions, do not include dental visits in your answers.

8. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

In the last 6 months, did you or a doctor think your child needed to see a specialist?

- ☐ Yes → Go to Question 9
☐ No → Go to Question 10

9. In the last 6 months, how much of a problem, if any, was it to get a referral to a specialist that your child needed to see?

- ☐ A big problem
☐ A small problem
☐ Not a problem
☐ My child didn't need to see a specialist in the last 6 months.

10. In the last 6 months, did your child see a specialist?

- ☐ Yes → Go to Question 11
☐ No → Go to Question 13

11. We want to know your rating of the specialist your child saw most often in the last 6 months, including a personal doctor if he or she was a specialist.

Use any number from 0 to 10 where 0 is the worst specialist possible, and 10 is the best specialist possible. How would you rate your child's specialist?

- ☐ 0 Worst specialist possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best specialist possible
- ☐ My child didn't see a specialist in the last 6 months.

12. In the last 6 months, was the specialist your child saw most often the same doctor as your child's personal doctor?

- ☐ Yes
- ☐ No
- ☐ My child doesn't have a personal doctor or my child didn't see a specialist in the last 6 months.

Option: Insert additional questions about specialist care here.

CALLING DOCTORS' OFFICES

13. In the last 6 months, did you call a doctor's office or clinic during regular office hours to get help or advice for your child?

- ☐ Yes → Go to Question 14
- ☐ No → Go to Question 15

14. In the last 6 months, when you called during regular office hours, how often did you get the help or advice you needed for your child?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I didn't call for help or advice during regular office hours for my child in the last 6 months.

YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS

15. A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else your child would see for health care.

In the last 6 months, did you make any appointments for your child with a doctor or other health provider for regular or routine health care?

- ☐ Yes → Go to Question 16
☐ No → Go to Question 18

16. In the last 6 months, how often did your child get an appointment for regular or routine health care as soon as you wanted?

- ☐ Never
☐ Sometimes
☐ Usually
☐ Always
☐ My child didn't need an appointment for regular or routine care in the last 6 months.

17. In the last 6 months, how many days did your child usually have to wait between making an appointment for regular or routine care and actually seeing a provider?

- ☐ Same day
☐ 1 day
☐ 2-3 days
☐ 4-7 days
☐ 8-14 days
☐ 15-30 days
☐ 31 days or longer
☐ My child didn't need an appointment for regular or routine care in the last 6 months.

18. In the last 6 months, did your child

have an illness or injury that needed care right away from a doctor's office, clinic, or emergency room?

- ☐ Yes → Go to Question 19
☐ No → Go to Question 21

19. In the last 6 months, when your child needed care right away for an illness or injury, how often did your child get care as soon as you wanted?

- ☐ Never
☐ Sometimes
☐ Usually
☐ Always
☐ My child didn't need care right away for an illness or injury in the last 6 months.

20. In the last 6 months, how long did your child usually have to wait between trying to get care and actually seeing a provider for an illness or injury?

- ☐ Same day
☐ 1 day
☐ 2 days
☐ 3 days
☐ 4-7 days
☐ 8-14 days
☐ 15 days or longer
☐ My child didn't need care right away for an illness or injury in the last 6 months.

21. In the last 6 months, how many times did your child go to an emergency room?

- ☐ None
_____ Number of times (Write in.)

22. In the last 6 months (not counting times your child went to an emergency room), how many times did your child go to a doctor's office or clinic?

- ☐ None → Go to Question 37
- ☐ 1 → Go to Question 23
- ☐ 2 → Go to Question 23
- ☐ 3 → Go to Question 23
- ☐ 4 → Go to Question 23
- ☐ 5 to 9 → Go to Question 23
- ☐ 10 or more → Go to Question 23

23. In the last 6 months, how much of a problem, if any, was it to get care for your child that you or a doctor believed necessary?

- ☐ A big problem
- ☐ A small problem
- ☐ Not a problem
- ☐ My child had no visits in the last 6 months.

24. In the last 6 months, how much of a problem, if any, were delays in your child's health care while you waited for approval by your child's health plan?

- ☐ A big problem
- ☐ A small problem
- ☐ Not a problem
- ☐ My child had no visits in the last 6 months.

25. In the last 6 months, how often did your child wait in the doctor's office or clinic more than 15 minutes past the appointment time to see the person your child went to see?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I don't know
- ☐ My child had no visits in the last 6 months.

26. In the last 6 months, how often did office staff at your child's doctor's office or clinic treat you and your child with courtesy and respect?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I don't know
- ☐ My child had no visits in the last 6 months.

27. In the last 6 months, how often were office staff at your child's doctor's office or clinic as helpful as you thought they should be?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I don't know
- ☐ My child had no visits in the last 6 months.

28. In the last 6 months, how often did your child's doctors or other health providers listen carefully to you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I don't know
- ☐ My child had no visits in the last 6 months.

29. In the last 6 months, how often did you have a hard time speaking with or understanding your child's doctors or other health providers because they spoke different languages?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I don't know
- ☐ My child had no visits in the last 6 months.

30. In the last 6 months, how often did your child's doctors or other health providers explain things in a way you could understand?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I don't know
- ☐ My child had no visits in the last 6 months.

31. In the last 6 months, how often did your child's doctors or other health providers show respect for what you had to say?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I don't know
- ☐ My child had no visits in the last 6 months.

32. Is your child old enough to talk with doctors about his or her health care?

- ☐ Yes → Go to Question 33
- ☐ No → Go to Question 35

33. In the last 6 months, how often did your child have a hard time speaking with or understanding doctors or other health providers because they spoke different languages?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ My child had no visits in the last 6 months or my child is not old enough to talk with doctors.

34. In the last 6 months, how often did doctors or other health providers explain things in a way your child could understand?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I don't know
- ☐ My child had no visits in the last 6 months or my child is not old enough to talk with doctors.

35. In the last 6 months, how often did

doctors or other health providers spend enough time with your child?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I don't know
- ☐ My child had no visits in the last 6 months.

36. We want to know your rating of all your child's health care in the last 6 months from all doctors and other health providers.

Use any number from 0 to 10 where 0 is the worst health care possible, and 10 is the best health care possible. How would you rate all your child's health care?

- ☐ 0 Worst health care possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best health care possible
- ☐ My child had no visits in the last 6 months.

37. An interpreter is someone who repeats or signs what one person says in a language used by another person.

In the last 6 months, did you need an interpreter to help you speak with your child's doctors or other health providers?

- ☐ Yes → Go to Question 38
- ☐ No → Go to Question 39

38. In the last 6 months, when you needed an interpreter to help you speak with your child's doctors or other health providers, how often did you get one?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ My child had no visits in the last 6 months or I didn't need an interpreter in the last 6 months.

39. In the last 6 months, did your child need an interpreter to help him or her speak with doctors or other health providers?

- ☐ Yes → Go to Question 40
- ☐ No → Go to Question 41

40. In the last 6 months, when your child needed an interpreter to help him or her speak with doctors or other health providers, how often did he or she get one?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ My child had no visits in the last 6 months or my child didn't need an interpreter in the last 6 months.

41. Is your child 2 years old or younger?

☐ Yes → Go to Question 42

☐ No → Go to Question 45

42. Reminders from the office or clinic, or from the health plan can come to you by mail, by telephone, or in-person during a visit.

After your child was born, did you get any reminders to bring him or her in for a check-up to see how he or she was doing or for shots or drops?

☐ Yes

☐ No

43. Since your child was born, has he or she gone to a doctor or other health provider for a check-up to see how he or she was doing or for shots or drops?

☐ Yes → Go to Question 44

☐ No → Go to Question 45

44. Did you get an appointment for your child's first visit to a doctor or other health provider for a check-up, or for shots or drops, as soon as you wanted?

☐ Yes

☐ No

Option: Insert additional questions about general health care here.

YOUR CHILD'S HEALTH PLAN

The next questions ask about your experience with your child's health plan.

45. Some states pay health plans to care for people covered by {Medicaid/State name for Medicaid}. With these health plans, you may have to choose your child's doctor from the plan list or take your child to a clinic or health care center on the plan list.

Is your child covered by a health plan like this?

☐ Yes → Go to Question 46

☐ No → Go to Question 51

46. Is this the health plan you use for all or most of your child's health care?

☐ Yes

☐ No

47. How many months or years in a row has your child been in this health plan?

☐ Less than 6 months

☐ 6 up to 12 months

☐ 12 up to 24 months

☐ 2 up to 5 years

☐ 5 up to 10 years

☐ 10 or more years

48. Did you choose your child's health plan or were you told which plan your child was in?

☐ I chose my child's plan.

☐ I was told which plan my child was in.

49. You can get information about your child's plan services in writing, by telephone, or in-person.

Did you get any information about your child's health plan before you signed him or her up for it?

- ☐ Yes → Go to Question 50
☐ No → Go to Question 51
50. How much of the information you were given before you signed your child up for the plan was correct?
- ☐ All of it
☐ Most of it
☐ Some of it
☐ None of it
☐ I did not get any information about my child's health plan.
51. In the last 6 months, did you look for any information in written materials from your child's health plan?
- ☐ Yes → Go to Question 52
☐ No → Go to Question 53
52. In the last 6 months, how much of a problem, if any, was it to find or understand information in the written materials?
- ☐ A big problem
☐ A small problem
☐ Not a problem
☐ I didn't look for information from my child's health plan in the last 6 months.

53. In the last 6 months, did you call the health plan's customer service to get information or help for your child?

- ☐ Yes → Go to Question 54
☐ No → Go to Question 55

54. In the last 6 months, how much of a problem, if any, was it to get the help you needed when you called your child's health plan's customer service?

- ☐ A big problem
☐ A small problem
☐ Not a problem
☐ I didn't call my child's health plan's customer service in the last 6 months.

55. In the last 6 months, have you called or written to your child's health plan with a complaint or problem?

- ☐ Yes → Go to Question 56
☐ No → Go to Question 58

56. How long did it take for your child's health plan to resolve your complaint?

- ☐ Same day → Go to Question 57
☐ 2-7 days → Go to Question 57
☐ 8-14 days → Go to Question 57
☐ 15-21 days → Go to Question 57
☐ More than 21 days
→ Go to Question 57
- ☐ I am still waiting for it to be settled → Go to Question 58
- ☐ I haven't called or written with a complaint or problem in the last 6 months. → Go to Question 58

57. Was your complaint or problem settled to your satisfaction?

- ☐ Yes
- ☐ No
- ☐ I am still waiting for it to be settled
- ☐ I haven't called or written with a complaint or problem in the last 6 months.

58. Paperwork means things like getting your child's ID card, having your child's records changed, processing forms, or other paperwork related to getting care for your child.

In the last 6 months, did you have any experiences with paperwork for your child's health plan?

- ☐ Yes → Go to Question 59
- ☐ No → Go to Question 60

59. In the last 6 months, how much of a problem, if any, did you have with paperwork for your child's health plan?

- ☐ A big problem
- ☐ A small problem
- ☐ Not a problem
- ☐ I didn't have any experience with paperwork for my child's health plan in the last 6 months.

60. We want to know your rating of all your experience with your child's health plan.

Use any number from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your child's health plan now?

- ☐ 0 Worst health plan possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best health plan possible

Option: Insert additional questions about the health plan here.

ABOUT YOUR CHILD AND YOU

61. In general, how would you rate your child's overall health now?

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

62. Does your child have any kind of emotional, developmental, or behavior difficulty now for which he or she has received treatment or counseling?

- ☐ Yes
- ☐ No

63. What is your child's age now?

- ☐ Less than one year old
- _____ YEARS OLD (*Write in.*)

64. Is your child male or female?

- ☐ Male
- ☐ Female

65. Is your child of Hispanic or Latino origin or descent?

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

66. What is your child's race? Please mark one or more.

- ☐ White
- ☐ Black or African-American
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ American Indian or Alaska Native

67. What is your age now?

- ☐ Under 18
- ☐ 18 to 24
- ☐ 25 to 34
- ☐ 35 to 44
- ☐ 45 to 54
- ☐ 55 to 64
- ☐ 65 to 74
- ☐ 75 or older

68. Are you male or female?

- ☐ Male
- ☐ Female

69. What is the highest grade or level of school that you have completed?

- ☐ 8th grade or less
- ☐ Some high school, but did not graduate
- ☐ High school graduate or GED
- ☐ Some college or 2-year degree
- ☐ 4-year college graduate
- ☐ More than 4-year college degree

70. What language do you mainly speak at home?

- ☐ English
- ☐ Spanish
- ☐ Some other language (please print)

71. How are you related to the child?

- ☐ Mother or father
- ☐ Grandparent
- ☐ Aunt or uncle
- ☐ Older brother or sister
- ☐ Other relative
- ☐ Legal guardian

72. Are you listed as the child's payee or guardian on Medicaid records?

☐ Yes

☐ No

Option: Insert other child specific, member specific or other general questions here.

THANK YOU

Please return the completed survey in the postage paid envelope.

Appendix C

Adult Demographics by Health Plan



Appendix C

Demographics of Members in the CAHPS® 2.0H Adult Survey by Health Plan

Demographics	Blue Cross	Community	Health Net	Kaiser	Sharp	Universal Care	UCSD	Total (Row)
Number of Attempted Surveys	1,575	1,575	1,500	1,500	1,500	1,500	1,650	10,800
Number of Valid Mail Surveys Completed	343	444	278	443	411	319	371	2,609
Number of Valid Phone Surveys Completed	51	78	95	14	116	36	93	483
Total Number of Completed Surveys	N=394	N=522	N=373	N=457	N=527	N=355	N=464	N=3,092
Gender (N)	N=389	N=514	N=369	N=452	N=523	N=348	N=460	N=3,055
Male (%)	22.1	26.1	20.1	20.8	15.9	22.1	22.0	21.2
Female (%)	77.9	73.9	80.0	79.2	84.1	77.9	78.0	78.8
Ethnicity (N)	N=365	N=513	N=361	N=441	N=514	N=344	N=454	N=2,992
White / Caucasian (%)	41.6	20.5	44.6	55.1	39.5	39.2	39.4	39.4
Hispanic (%)	28.8	45.4	27.2	22.7	33.7	36.9	30.2	32.5
Black (%)	15.3	7.4	19.9	14.3	11.3	15.7	20.5	14.5
Asian (%)	11.2	24.2	5.5	5.7	12.4	5.8	7.1	10.9
Other (%)	3.0	2.5	2.8	2.3	3.1	2.3	2.9	2.7



Appendix C

Demographics of Members in the CAHPS® 2.0H Adult Survey by Health Plan (Continued)

Demographics	Blue Cross	Community	Health Net	Kaiser	Sharp	Universal	UCSD	Total (Row)
Age Groups (N)	N=388	N=508	N=364	N=449	N=522	N=344	N=458	N=3,033
18-24 (%)	14.4	13.6	10.4	11.1	12.1	10.5	11.8	12.0
25-34 (%)	24.2	18.7	25.3	26.3	27.6	22.7	21.8	23.8
35-44 (%)	35.1	28.4	33.0	29.8	35.8	39.0	31.9	33.0
45-54 (%)	20.4	22.2	20.6	14.9	18.4	18.0	23.4	19.6
55-64 (%)	4.9	7.9	5.8	5.8	4.2	5.8	7.6	6.0
65 or Older (%)	1.0	9.2	5.0	12.0	1.9	4.1	3.5	5.4
Education Level (N)	N=374	N=490	N=360	N=427	N=508	N=329	N=446	N=2,934
8 th Grade or Less (%)	11.2	22.6	8.3	7.0	9.4	9.1	7.4	11.0
Some High School (%)	16.0	19.2	21.7	11.2	16.7	21.0	16.1	17.3
High School Graduate or GED (%)	35.3	31.0	34.2	30.4	33.5	35.0	33.4	33.0
Some College or 2-Year Degree (%)	31.0	23.1	29.4	41.2	34.2	30.4	32.1	31.6
4-Year College Degree (%)	3.7	3.1	3.9	5.2	4.5	3.0	5.4	4.2
More than 4-Year College Degree (%)	2.7	1.0	2.5	4.9	1.6	1.5	5.6	2.8



Appendix D

Child Demographics by Health Plan



Appendix D

Demographics Characteristics of Members in the CAHPS® 2.0H Child Survey by Health Plan

Demographics		Blue Cross	Community	Health Net	Kaiser	Sharp	Universal	UCSD	Total (Row)
Number of Attempted Surveys		1,103	1,103	1,050	1,050	1,050	1,050	1,155	7,561
Number of Valid Mail Surveys Completed		241	315	203	289	267	166	212	1,693
Number of Valid Phone Surveys Completed		43	66	78	6	82	32	83	390
Total Number of Completed Surveys (N)		N=284	N=381	N=281	N=295	N=349	N=198	N=295	N=2,083
Child's Gender (N)		N=280	N=370	N=275	N=292	N=339	N=191	N=286	N=2,033
Male (%)		51.1	54.1	46.6	55.1	41.0	53.9	50.0	50.0
Female (%)		48.9	46.0	53.4	44.9	59.0	46.1	50.0	50.0
Child's Ethnicity (N)		N=268	N=375	N=279	N=289	N=341	N=195	N=289	N=2,036
White / Caucasian (%)		30.2	12.0	26.2	40.1	24.3	23.6	20.1	24.7
Hispanic (%)		38.8	62.4	48.8	27.0	46.9	54.4	46.7	46.8
Black (%)		20.2	9.3	15.4	21.8	16.7	15.9	22.5	17.1
Asian (%)		6.7	12.8	4.3	3.5	7.6	2.6	4.5	6.5
Other (%)		4.1	3.5	5.4	7.6	4.4	3.6	6.2	5.0



